

CHAPTER I

ORGANISATION AND OBJECTIVES OF THE HEALTH DEPARTMENT

Section-A Introduction

101. True to the ideals of welfare state, the Indian Railways have been pursuing a policy of progressively improving both working and living conditions of staff and providing them with maximum possible amenities in several spheres including medical facilities.

102. Though the Government played the leading part in the development of Railways, there were, till 1947, as many as forty two Railway systems in the country each following a separate policy of its own specially in the matter of medico-social amenities with the result that the medical and health organization had no uniform pattern of development and the level of amenities provided differed widely. The Railway medical services, catered only to routine administrative necessities, viz., medical examination (pre-recruitment and in service) of staff, issue of fit and unfit certificates, check on malingering, etc., while attention to the curative and promotional health care of the railway staff was meagre or absent. Even in this commitment certain facilities available to Group A, B & C employees and their family members were not extended to Group D employees. Again some Railways provided for treatment of employees only, while others provided for the treatment of family members as well.

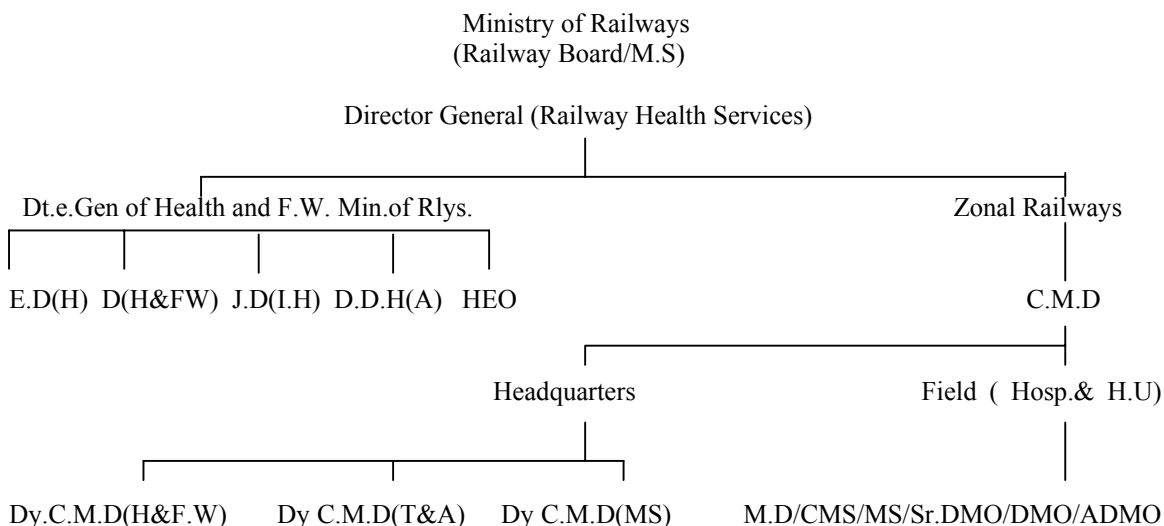
103. In April 1954 Dr. E. Somasekhar, the then Chief Medical Officer, Southern Railway had submitted a detailed scheme on planned expansion of the medical facilities on the Railways.

104. With a view to examine and implement the said scheme, a separate cell was created at the Railway Board in August 1955, headed by an Officer on Special Duty(Medical) which post was later on converted to Joint Director (Medical) and then upgraded to Director, Health. There has been a progressive improvement and expansion of the curative and promotional health services on the Indian Railways since then, resulting in an appreciation from the Kunzru committee (1963) as 'being second to none in the country.'

105. All Zonal Railways have now more or less a uniform level and pattern of medical facilities. The policy in this respect is based on the realisation that the expenditure in this direction would pay dividend in the long run. The output of a contented and healthy worker who is relieved of mental and financial worries on account of his own or some family member's sickness, will be better and more conducive to the efficient running of Railways. This is particularly relevant in the case of running staff who have to be away from their homes most of the time.

Section B-Organisation

106. The administrative set up of the Health Department is given in the following chart -



107. The Indian Railways are subdivided into 60 divisions. The medical facilities are channeled through different units, at different levels, a health unit, being the lowest, under the charge of ADMO/DMO/Sr.DMO and a Central Hospital, the highest, under the charge of Medical Director. There is a large force of para-medical staff(approx. 52,500) manning these units.

Section C-Objectives

108. MISSION STATEMENT : Total Patient Satisfaction Through Humane Approach & Shared Commitment Of Every Single Doctor and Paramedic To Provide Quality Health Care Using Modern & Cost Effective Techniques & Technologies.

To meet the above mission the Health Department on the Indian Railways is committed to :-

- (a) provide quality health* care service;
- (b) constant up gradation of curative services in tune with the latest technologies and within the resources available to Railways.
- (c) provide regular C.M.E (Continuing Medical Education) inputs to medical and paramedical staff.
- d) combine efficiency with courtesy and empathy
- (e) establish effective base for disease prevention and health promotion services including industrial health;
- (f) meet the administrative needs of the Indian Railways;
- (g) work for the acceptance of a small family norm by the staff;
- (h) ensure adequate physical standard of the employees at recruitment and during their periodical check up.
- (i) provide and maintain accident relief medical equipment, including first aid boxes, to give prompt relief to passengers injured in railway accidents;
- (j) attend the passengers injured or taken seriously ill in trains or at Railway stations, on payment, under certain circumstances;
- (k) provide medical facilities at par with serving employees to those retired Railway employees who have opted to become members of the RELHS '97; and
- (l) administer medical treatment to outsiders, on payment, under certain circumstances.

109. Indian Railways Health Services have adopted the modern system of medicine. However the Personnel department arrange the provision of some basic facilities under the Indian system of medicine also, by engaging part time Homeopathic and Ayurvedic doctors and running clinics funded by the Staff Benefit Fund.

.....
*Health is a state of complete physical, mental and social well being and not merely the absence of disease and infirmity- W.H.O.

CHAPTER II

MEDICAL PERSONNEL

Section A-Code of Conduct for Medical Officers

201. The various rules, codes, etc. governing the Railway medical officers:- (1) A medical officer has to abide by the following rules, codes, etc :-

(A) The Railway Services (Conduct) Rules, which are meant for all Railway employees.

(B) The rules laid down in connection with medical attendance and treatment of Railway staff, members of their families and dependent relatives, and other allied matters, as contained in the **Establishment Codes and instructions** and rulings issued by the Ministry of Railways, from time to time, as are incorporated in the succeeding chapters of this Manual

(C) The local legal obligations, e.g., the provision of State Acts, like the Coroner's Act, Drugs Act, Pharmacy Act, Poisons and Dangerous Drugs Act and such other Acts, rules and regulations made by the State or local administrative bodies from time to time, to the extent of their applicability to Railway medical officers.

(D) The Code of Medical Ethics are applicable to all Railway doctors. The general principles which embody the Code of Medical Ethics are published by each State Medical Council and Railway Medical Officers should obtain these from the respective Medical Council of the State in which their hospital or health unit is situated, for reference and guidance. What is stated in the Code of Medical Ethics does not constitute a complete list of ethical principles. The State Medical Council may from time to time amend the existing regulations or adopt additional regulations in respect of professional conduct, consistent with the constitution and bye-laws of the Medical Council of India. Any breach of these regulations shall be good and sufficient reason for taking disciplinary action against the doctors by the concerned State Medical Council.

(2) Apart from the Code of Medical Ethics, a Railway Medical Officer should bear in mind the provisions of **the Geneva Declaration** accepted by the General Assembly of the World Medical Association at London on October 12, 1949

Section B-- Duties and Responsibilities

202. Introduction.-The following list of duties provides broad guidelines of the activities to be undertaken by the different categories of staff. However all activities directly or indirectly related to the delivery of health care to the beneficiaries including multi-skilling and multipurpose activities with due approval of the competent authority, whenever needed, will constitute legitimate duty even though not specified in the list. This list is not exhaustive. **All staff should carry out duties assigned to them by their superiors even though such duties do not find place in this Section.**

203. The details of the duties and responsibilities of the various categories of staff.- The duties and responsibilities of the various categories of staff are given below-

1. CHIEF MATRON will:-

Supervise the work of the hospital staff and ensures that the instructions left behind by the medical officers in respect of individual patients are correctly carried out. She is responsible for proper cleanliness and maintenance of the hospital, both inside and outside, and matters related to hospital linen, patient's clothing, beds, furniture etc. She will also look after diet arrangements for the patients. She will be in-charge of the T&P, dead stock register and consumable stores register of the hospital. She shall assist MD/CMS/MS in organisation and smooth conduct of periodic refresher courses and continuing medical education of nursing staff and other para-medical workers of the hospital. She shall exercise control of all hospital staff placed under her administrative control & be responsible for maintaining discipline amongst them and initiate DAR proceedings as and when required.

2. MATRON:

Matrons will perform the same duties as assigned to nursing sisters except those earmarked for supervisory functions.

Duties of Matrons earmarked for supervisory functions:

- i) Supervise the work of nurses, dressers, hospital attendants, sweepers and other subordinate staff.
- ii) Maintain discipline amongst nursing and other staff.
- iii) Maintain a check on the attendance of hospital and nursing staff and see that the staffs are employed on their legitimate duties.
- iv) Ensure that the nursing facilities provided by the nurses are of a high order and that the orders which are issued by the Medical Officers are carried out by the nurses properly and in time.
- v) Go on rounds with the Medical Officers to ensure that all the instructions given by them are carried out.
- vi) Accompany the Chief Medical Director, Government medical officials, or distinguished guests during their visits to the hospital.
- vii) Be responsible for proper cleanliness and maintenance of the hospital compound, outdoor departments, wards, operation theatre, pharmacy, dressing room, kitchen and other hospital establishments.
- viii) Ensure cleanliness of all hospital linen and patients clothing and keep the dhobi account.
- ix) Be in charge of surgical instruments and medical appliances in the operation theatre and wards, hospital linen, clothes, beds, crockery, cutlery, furniture, utensils, other tools and plants and maintain all ledgers pertaining to these items.
- x) Place requisition for raw materials either with the contractor or with kitchen clerk twice a day where there is departmental catering and see that the diet rations are properly weighed and measured by the cook. Ensure that the diet which is supplied to the patients is properly cooked and tasteful.
- xi) Place all articles requiring condemnation before the Chief Medical Superintendent/Medical Superintendent/ Divisional Medical Officer and also take suitable action to procure them.
- xii) Assist the Surgeon in the operations, if required.
- xiii) Maintain all records in connection with the nursing side of the hospital.
- xiv) The matron, while on duty may not absent herself from the hospital without the knowledge of the Chief Medical Superintendent/ Medical Superintendent/Divisional/ Assistant Divisional Medical Officer. A competent nurse should always be available as in-charge when the matron is off duty.
- xv) Carry out any other order given by her superiors.

3. NURSING SISTER :

i) She is in-charge of nursing of the indoor patients and she will provide full range of nursing services commensurate with her training and qualification and the requirement of the patient.

She will :

- ii) Be responsible for dressing of the female patients and for giving treatment to gynaecological cases, such as douching, plugging, etc.
- iii) Give injections to indoor and outdoor patients when called upon by the doctor.
- iv) Attend and assist at operations when required.
- v) Direct and supervise the sterilisation of all instruments and dressings.
- vi) Formulate accurate and intelligent reports on ward patients.

vii) Estimate the requirements of ration for diets for the following day. She will take and verify thumb impressions/signatures of the patients on the diet bills as a token of receipt of diet and will enter the scale of diet on the diet bills.

viii) See that the visiting hours are strictly observed.

ix) Ensure that every courtesy and help is accorded to the patient's relatives and visitors to the ward.

x) Accompany Chief Medical Superintendent/ Medical Superintendent / Medical Officer in charge of the ward on their daily rounds.

xi) Maintain the ward stock of dressings and drugs.

xii) Be responsible for the safe custody of poisons. The stock must be maintained and checked daily.

xiii) Be in charge of the linen issued out to her for her ward. If there is only one nurse in a hospital/health unit, she will in addition, be responsible for the safe custody of hospital linen, crockery, cutlery, utensils, surgical and medical appliances and furniture and dead stock of the ward and shall see that they are kept in good condition and replaced when necessary. Take monthly inventory of linen and equipment and report all missing articles to the concerned Medical Officer.

xiv) Maintain all records and registers pertaining to the wards properly when she is the only nurse.

xv) Supervise the work of group 'D' staff and ensure the cleanliness of the ward and/or the operation theatre.

xvi) Perform any other duty ordered by the concerned Medical Officer & Matron.

4. STAFF NURSE will perform the same duties as indicated against item(3) above.

NOTE: THE OPERATION THEATRE NURSE will be responsible for

(a) Assisting the surgeon during routine & emergency operations.

(b) Ensuring adequate supply of medicines, ligatures, dressings, and operation theatre linen.

(c) The cleanliness and proper maintenance of the operation theatre, surgical instruments, equipment, and for reporting their defects to the Medical Officer.

(d) Supervision of sterilisation of dressing gowns, towels, instruments, gloves etc.

(e) Preparation of splints; and repair of operation theatre linen.

(f) Discipline of and performance of duties by the operation theatre staff.

(g) Any other duty as ordered by the concerned Medical Officers & matrons.

ICCU NURSE/CSSD NURSE :-

She will perform duties pertaining to specialised type of work required in these areas. She will also do any other duty as ordered by the concerned Medical Officers and matrons.

5. O.T. ASSISTANT will :

i) Assist the doctors and nurses in operations and attend to sterilisation of instruments and dressing material in O.T.

ii) Be responsible for the safe custody and proper maintenance of linen, surgical instruments and other equipment in O.T. He will prepare splints, plaster bandages and undertake cutting and rolling of bandages. He will prepare anti-septic lotions and also help the anaesthetist in giving anesthesia to the patients.

iii) Carry out any other work/order given to him by the surgeon/anaesthetist/matron/ sister in charge of OT and other superiors.

6. MIDWIFE will :

i) Assist the lady doctor in maternity and gynaecological cases.

- ii) Conduct normal deliveries independently in hospital or at residences according to the rules in force.
- iii) Assist in the female ward and labour room.
- iv) Maintain record of the delivery cases conducted by her.
- v) Run the maternity and child health centre activities under the direction of a Medical Officer.
- vi) Help the Medical Officer in examining female cases.
- vii) Do the dressing of the female cases in the outdoor and indoor departments.
- viii) Maintain the records of births and deaths in the Railway colony and within the hospital under her charge.
- ix) Collect population census in the colony and educate staff and their families in family welfare programmes.
- x) She may be utilised for nursing duties under the supervision of a trained nurse or a doctor.
- xi) She may also be utilised for vaccination/Immunisation activities.

7. LADY HEALTH VISITOR will :

- i) Be responsible for giving pre-natal and post-natal care to the mothers. She will see each and every expectant mother and every infant at least once a month either at their homes or at the centre and each child between 1-5 years every three months.
- ii) Arrange at least three medical examinations of expectant mothers first between 6th week and 16th week, second from 32nd and 36th week, and the third at 38th or 39th week.
- iii) Conduct normal deliveries independently when required.
- iv) Give treatment to gynaecological cases under the supervision of a doctor.
- v) Attend the maternity and child welfare centres.
- vi) Assist in organising baby shows.
- vii) Assist in family welfare work.
- viii) Hold educational classes and demonstrations in care of mother and child.
- ix) Distribute milk to under weight and under fed children when required.
- x) Weigh and bathe the new born and keep record of weights of infants and toddlers.
- xi) Treat minor ailments and direct other cases to doctors.
- xii) Do inoculations amongst family members and dependent relatives of railway employees.
- xiii) In case of Tuberculosis patients, she will do contact tracing amongst family members and dependent relatives of a railway employee during her domiciliary visit and would see that anti TB. drugs are taken regularly by the patients.
- xiv) Report to the doctor in charge about the occurrence of any epidemic amongst the infants.
- xv) Be responsible for the safe custody of all the Railway property under her charge.
- xvi) Undertake clerical work connected with the maintenance of records of the centre and submit monthly reports.
- xvii) She will maintain a diary of her visits and her other official activities.

8. X-RAY TECHNICIAN/ RADIOGRAPHER :

- i) To assist the Radiologist in discharging his duties such as preparing patients for X-ray.

- ii) To keep and help in maintaining various X-ray records, prepare X-ray indents and help in maintenance of X-ray equipment.
- iii) To take certain routine X-rays independently.
- iv) To expose X-ray films and process them.
- v) To take skiagrams under Radiologist's supervision and guidance while doing special investigations.
- vi) To help Radiologist in taking skiagrams where screening or use of TV monitor is required.
- vii) To perform such other routine duties as may be assigned to them by the radiologist.

(Railway Board's letter No.85/H/16/25 dated May 1995)

9. X-RAY ATTENDANT will :

- i) Assist the radiologist and the X-ray technician in screening of patients, taking skiagrams and in carrying out electrotherapy.
- ii) Assist the x-ray technician in loading, preparing and developing films and in preparation of fixer solutions, etc.
- iii) Be responsible for cleanliness of x-ray and electro-therapeutic equipment & furniture.
- iv) Maintain x-ray records.
- v) Deliver letters, films etc. to the addressees.
- vi) Fetch stores from whatever source they are ordered.
- vii) Perform any other work ordered by the radiologist or the x-ray technician.

10. DRESSER will :

- i) attend to the dressings of all types of wounds and injuries.
- ii) sterilise all instruments
- iii) autoclave all dressing materials.
- iv) prepare patients for operations.
- v) keep all equipment and instruments in proper order.
- vi) prepare and apply splints, plasters & undertake cutting and rolling of bandages.
- vii) carry out any other duties assigned by his/her superiors.

11. LABORATORY SUPERINTENDENT/CHEMIST/ASSISTANT CHEMIST/LABORATORY ASSISTANT OR LABORATORY TECHNICIAN WILL :

- i) Be responsible for the proper maintenance of laboratory equipment and instruments.
- ii) Collect blood for preparing blood slides and biochemical tests etc.
- iii) Carry out chemical analysis of all food stuffs and their ingredients, and give report as per standards laid down under the Prevention of Food Adulteration Act.
- iv) Carry out chemical analysis of drinking water, mineral water, aerated water, cordials, syrups etc.
- v) Conduct bacteriological examination of food products including drinking water, aerated water, milk products, etc., and give opinion about their quality being satisfactory or unsatisfactory as per prescribed standard.
- vi) Prepare media as required, and carry out various biochemical and microbiological tests on blood, urine, C.S.F, gastric contents, body transudate and exudates as per latest techniques and standards.
- vii) Look after the clerical duties pertaining to the laboratory and maintain records up to date.
- viii) Carry out serological work, such as V.D.R.L., Widal tests, Paul Bunnell tests, Weill-Felix tests, etc.

- ix) Prepare and submit indents pertaining to the laboratory.
- x) Responsible for maintenance of discipline amongst the staff under him/her.

12. LABORATORY ATTENDANT will :-

- i) Dust and clean the laboratory equipment, fittings, furniture, doors, ventilators, slides, test tubes, etc.
- ii) Assist the laboratory assistant and the pathologist/chemist.
- iii) Carry laboratory stores and other requirements etc.
- iv) Deliver the reports from the laboratory to the wards.

13. CHIEF PHARMACIST/PHARMACIST will :-

- i) Prepare lotions, ointments and applications for surgical dressings.
- ii) Attend to emergencies in the absence of the Medical Officer (as far as rendering first aid is concerned.)
- iii) Maintain dispensing room and the appliances therein in proper working order and distribute medicines to the patients.
- iv) Be responsible for the account of drugs, medicines, dressings, consumable and perishable stores.
- v) Maintain all registers in connection with the medical statistics and prepare periodical returns, bills and indents under the supervision of the Medical Officer.
- vi) Maintain the drug account and drug registers.
- vii) Receive stores from the parcel / goods office or stores delivery clerk and enter the same in respective ledgers.
- viii) Send the unserviceable or surplus stores on advice notes to the stores delivery clerk or to parcel / goods office and enter the number of advice notes in the ledgers.
- ix) Assist the doctor in preparation of the annual/emergent indents of drugs, dressings, instruments, medical and surgical appliances and medical stores of hospital/health unit.
- x) Be responsible for the preparation and submission of returns and do all clerical work under supervision of Doctors.
- xi) Make entries on all outdoor tickets and injury case sheets, when required.
- xii) Keep a record of all out-door case sheets and injury case sheets. Prepare all certificates leaving the "disease" column to be filled by the doctor.
- xiii) Be responsible for the maintenance of all old and current injury case sheets and all case papers which have been referred to the Medical Officer in-charge of the division.
- xiv) Keep the records under safe custody.
- xv) Be responsible for maintenance and account of tools and plants and its registers in Health Units.
- xvi) Receive necessary forms of medical examination and enter them in the register for medical examination of candidates and employees etc. when required.
- xvii) When required, take height, weight & chest measurements of candidates and employees for medical examination.

14. OFFICE SUPDT. /CHIEF CLERK/ HEAD CLERK/PHARMACIST (PROCUREMENT) will:

- (i) Receive and scrutinize the indents for medical stores from the various hospitals, health units, etc.
- ii) Maintain an up-to-date list of approved suppliers for the supply of medical stores.

- iii) Prepare invitation of tenders for medical stores.
- iv) Prepare the summary of quotations received, indicate the quotations in the proper order in relation to the relative cost and also in relation to suitability in accordance with the specifications.
- v) Assist the members of the Tender Committee in drafting the minutes of such meetings.
- vi) Issue letter of acceptance of tenders to the respective suppliers and place supply order following the extant rules and procedures.
- vii) Maintain the specifications for the various medical equipment.
- viii) Keep track of the supplies.
- ix) Be conversant with the rules regarding supply of medicines especially those relating to the spurious drugs, dangerous drugs, narcotics, etc. and ensure that the same are complied with.
- x) Attend to the complaints from the suppliers regarding delay in payment of their bills by the divisions.
- xi) Arrange for repairs and maintenance of all types of medical equipment.
- xii) Deal with policy matters relating to the supply of medical stores and Accident Relief Medical Equipment.
- xiii) Maintain discipline in the section and ensure systematic work of staff working under him.

15. HOSPITAL STORE KEEPER (Grades I and II) will :

- i) Be overall in-charge of the hospital stores.
- ii) Be responsible for preparation of indents for hospital stores.
- iii) Be responsible for receiving and checking of hospitals stores.
- iv) Be responsible for the safe custody of all stores under him/her. He/ She will maintain the Stock Registers.
- v) Be responsible for bulk issue of hospital stores items.
- vi) Be responsible for certification of bills in respect to the stores received by him/her.
- vii) Be responsible for checking the expiry dates of drugs/medicines and arrange timely consumption or replacement thereof.

16. HOSPITAL STEWARD WILL:

- i) Maintain the accounts of hospital diet.
- ii) Arrange local purchase of provisions when the contractor fails to supply them.
- iii) Certify bills for supply of provisions.
- iv) Maintain accounts for supply of diets.
- v) Check the diet sheet registers.
- vi) Prepare diet bills & submit them to respective bill units in time

17. SENIOR PHYSIOTHERAPIST/PHYSIOTHERAPIST/OCCUPATIONAL THERAPIST will:

- i) Be in charge of the physiotherapy department and will be responsible for the treatment of both outdoor and indoor cases, including short wave diathermy, infra-red ray, ultra-violet ray and ultra sonic treatment etc.

- ii) Undertake hydrotherapy treatment.
- iii) Undertake the prescribed electro-diagnostic procedures including qualitative and quantitative tests of nerve injuries, electromyography, strength duration curve, etc.
- iv) Assess reactions and response to the treatment.
- v) Be responsible for the upkeep and maintenance of all equipment and stores under his/her charge.
- vi) Advise MD/CMS/MS regarding the procurement of all equipment and stores required for the department.
- vii) Maintain registers/records of all work done in the department.
- viii) Carry out any other order given to him/her by Medical Officers.

18. DIETICIAN will be responsible for :

(i) Nutritional care of patients:

- a) Nutritional assessment,
- b) Planning of standard diets,
- c) Therapeutic modification of diets,
- d) Diet counseling of indoor and OPD patients.

(ii) Nutrition education:

imparting nutrition education to medical and paramedical personnel.

(iii) Food service management :

- a) Menu planning,
- b) Attending to grievances of patients regarding diet.
- c) Supervision of food preparation,
- d) Supervision of sanitation and hygiene of kitchen, stores and dietary department,
- e) Responsible for timely and proper receipt of required provision and quality thereof, including sending doubtful samples for analysis under quality control.
- f) Supervision of food distribution.

Note: Where kitchen matron/steward/diet clerk, etc. are available, responsibility regarding item at para iii(e) and (f) would continue to rest on them.

(Railway Board letter No. [96/H\(FW\)/10/13 dated 10/10/1996](#))

19. COOK will :

- i) Check the quality of raw provisions and take delivery of the items properly weighed from the contractor/steward/ matron.
- ii) Cook the food and prepare the beverages, etc. both vegetarian and non-vegetarian, in the morning and evening, as required for the patients and as directed by the nurses/dietician/steward.
- iii) Serve the food to the patients where there is no separate bearer provided, and collect the utensils after use.
- iv) Clean the utensils where no separate masalchi/cookmate is provided.
- v) The cook is expected to know the methods of sterilisation of utensils, cutlery and crockery . If in doubt, doctor, nurse, dietician or steward can be consulted.
- vi) Keep the kitchen clean and tidy.
- vii) Be responsible for the safe custody of utensils, cutlery, crockery, linen and other tools and plants issued to him for use.

20. COOK MATE will:

- i) Serve food daily to the patients.
- ii) Clean and properly maintain the cutlery, utensils & kitchen equipment.
- iii) Assist the cook in preparation of food.

21. HOSPITAL ATTENDANT/HOSPITAL PEON/DISPENSARY PEON will:

- i) Keep the ward , furniture , doors, fittings, ventilators, etc. neat and tidy
- ii) Sponge the patients where there is no nurse.
- iii) Prepare beds, take temperatures, pulse, respiration etc. if literate, and change the clothing of the patients under direction of the nurse.
- iv) Help the doctor/nurse in the dressing of surgical cases, giving enemas, douching and plugging etc.
- v) Serve food and drink to the patients.
- vi) The male hospital Attendant/Peon will wake up doctors, nurses, dispensers and other staff who are off duty when they hear accident signals and wake up the doctors even otherwise , when required.
- vii) Carry and transfer injured and sick patients.
- viii) Give massage to the patients when required.
- ix) Fetch and distribute dak.
- x) Carry hospital stores according to his/her carrying capacity.
- xi) Where there is no watchman, the male hospital attendant on night duty will be expected to keep a watch over the hospital building and property.
- xii) Assist the dressers, and do dressing work in their absence.

22. AYAH :

The same duties and responsibilities as indicated against item(21)above.
She will also assist the midwife or nurse in conducting a delivery.

23. WATCH-MAN/CHOWKIDAR will:

- i) Safeguard the property of hospital, health units and the office of the Medical Officer, health inspectors etc.
- ii) Check the locks of various rooms while coming to duty and hand over them intact to his reliever or to the hospital attendant before leaving his duty.
- iii) In health units, he will attend to the telephone calls and convey messages to the doctor.
- iv) Carry out any other order given by supervisors.

24. HEAD MALI/MALI will:

- i) Be responsible for growing hedges and properly trimming them, laying lawns, flower beds and maintaining them properly.
- ii) Remove rank vegetation from the premises of the hospital / health unit
- iii) Prepare manure from the fallen leaves.
- iv) Carry hospital stores.
- v) Head mali will supervise the work of other malis.
- vi) Do any other duty as ordered by his/her superiors.

25. RECEPTIONIST will :

- i) Receive the visitors, patients and guide them to proper places.
- ii) Attend to the inquiries on telephone or otherwise regarding patients admitted in the hospital and reply.
- iii) Do any other duty ordered by his/her superiors.

26. LAUNDRY SUPERVISOR :

He will be in charge of the laundry unit and supervise the work done in the laundry unit.

27. AMBULANCE DRIVER will :

- i) Be responsible for proper cleanliness, maintenance, repairs and driving of ambulance car.
- ii) Render first aid to the injured and transport the sick persons.
- iii) Arrange fitness certificate of ambulance car.
- iv) Do day to day minor repairs of ambulance van and report major defects to the doctor in charge for arranging repairs.
- v) Arrange to get unserviceable articles under his charge condemned by competent authority and arrange their return to the stores.
- vi) Furnish his requirements of stores to the doctor in charge.
- vii) Not carry any unauthorised person or material in ambulance car.
- viii) Maintain log book of mileage and account of the consumption of petrol, Diesel & mobile oil etc.
- ix) Help in transporting the patient in a stretcher.

28. STRETCHER BEARER/AMBULANCE CLEANER will :

- i) Clean the ambulance van and be responsible for its maintenance.
- ii) Accompany the driver and assist him in transporting sick persons.
- iii) Help to lift the patient on the stretcher and place them in ambulance and take them out properly.
- iv) As a person trained in First Aid, he shall –
 - a) Render required assistance during transfer of patients to the hospital.
 - b) Ensure that the patient once brought to the hospital is promptly carried to the casualty/emergency wing.
 - c) Carry out any other order given to him by his superiors.

29. HOSPITAL/HEALTH UNIT CLEANER (SAFAIWALA) will :

- i) Sweep the roads, ground, floors etc. of the hospital/health unit.
- ii) Frequently clean the floor of the wards with wet cloth and clean the hospital doors, windows, window panes etc.
- iii) Clean the bed pans, sputum cups, urinals, commodes and latrines attached to the hospital/health unit.
- iv) Supply bed pans and urine bottles to the patients, and clean them after use.
- v) Carry the patients on stretchers in the hospital and from station to hospital and vice versa.
- vi) Carry the hospital stores.
- vii) Wash the soiled clothes.
- viii) Carry out any other order given by his/her superiors.

30. DENTAL MECHANIC will :

- i) Undertake the impressions and prepare dentures as required.

- ii) Maintain proper records of all the equipment under his/her charge.
- iii) Be responsible for the upkeep and maintenance of the equipment in the unit.
- iv) Carry out order given by his/her superiors.

31. DIALYSIS TECHNICIAN will :

- i) Carry out dialysis of patients and monitor the same during the entire procedure under the supervision of Medical Officer / Nephrologist .
- ii) Maintain and keep all records of dialysis cases
- iii) Be responsible for proper cleanliness and upkeep of the dialysis machine and maintaining records, preparation of indents and upkeep of all consumable stores.
- iv) Carry out any other order given to him/her by his/her superiors.

32. CARDIAC PUMP TECHNICIAN will :

- i) Assist in the use of heart lungs machines and other cardiac catheter laboratory equipment.
- ii) Be responsible for the proper upkeep and cleanliness of all equipment under use and maintain records, preparation of indents and upkeep of all consumable stores required.
- iii) Carry out any other order given by Medical Officers.

33. E.C.G. TECHNICIAN will :

- i) Take standard routine and emergency ECG.
- ii) Assist in masters, Treadmill and Holter recordings.
- iii) Help in maintaining the equipment in proper order and assist in maintenance of records.

34. STATISTICAL ASSISTANT :

- i) All the duties as mentioned for Compilation Clerk.(Item 36)
- ii) Impart and arrange training of Compilation Clerks and guide them regarding proper upkeep of basic records, data & allied information .
- iii) Will monitor and ensure timely submission of returns to Railway Board after receiving from various centres and inform the in-charge regarding defaulters.
- iv) Will maintain liaison with Railway Board for correct submission of returns .
- v) Shall organise the FW census/survey in the zone.
- vi) He will perform all duties of DEE in his/her absence.

(Railway Board Letter No. 90/E(FW)/2/4, Dated 02/08/1991)

35. DISTRICT EXTENSION EDUCATOR AND EXTENSION EDUCATOR (DEE/EE)

- i) He will be responsible for implementation of Family Welfare programme and will do all activities required under the programme.
- ii) He will maintain all records, collect all data, conduct special field studies, and maintain eligible couple register etc.,
- iii) He will be responsible for all health education and motivation activities.
- iv) He will provide FW services and follow up.
- v) He will form Field Action Groups, train them and assist in their working.

- vi) He will supervise community health programmes, multi purpose health drives, Family Welfare camps etc.,
- vii) He will organise OTC, take lectures in Zonal Training Schools
- viii) He will do the duties of statistical assistant/Compilation clerk in their absence
- ix) He will maintain liason and coordinate with state Governments, Voluntary Organisations and other organisations working for Family Welfare Programmes.

36. COMPILATION CLERK should

- i) Collect, maintain and compile all family welfare data including that of MCH services and ensure timely submission of all the periodical returns to Head quarters.
- ii) Analyse and evaluate the FW data and put up to CMS/MS in-charge of the division regularly.
- iii) Assist field staff for maintaining summary of the target couple register etc.
- iv) Maintain all records of Family Welfare programmes.
- v) Maintain stores and imprest of FW centres.
- vi) Participate in all Family welfare activities of the division.
- vii) Help in analysis of field studies as and when undertaken.

37. FIELD WORKERS will be required

- i) To educate and motivate individuals in the area on all aspects of population control and Family welfare services.
- ii) To provide all Family Welfare services and follow up. They should also keep a record of work done.
- iii) To organise and run Immunisation clinics.
- iv) To do complete survey, maintain Eligible Couple Register (ECR) and update them regularly and do colony census
- v) To assist in formation, training and working of Field Action Groups.
- vi) To assist in preparing various monthly, quarterly, half yearly and annual F.W. reports & returns.
- vii) To carry out Field studies as and when required.
- viii) To organise mass Health programmes, multipurpose health drives, Family Welfare camps, Orientation training camps etc.,

38. LHV/PHN UNDER FAMILY WELFARE PROGRAMME

- i). To spread the message of Family Welfare to the eligible couples and motivate them for accepting the Family Planning methods individually and in groups. She will maintain and update eligible couple registers of the railway colonies.
- ii). To provide all Family Welfare services including follow up and maintain records of work done.
- iii). To identify women leaders in the colonies and educate them for family welfare programme.
- iv) Participate in meetings of Mahila Samiti and other such meetings and utilise such gatherings for educating the women in family welfare programme.
- v) To form Field Action Groups of ladies in colonies and enlist cooperation of the volunteers and other Womens' Welfare Organisations in the area of working.
- vi). To educate mothers individually and in groups, cater for better maternal and child health, family welfare, nutrition, immunisation, control of communicable diseases, personal and environmental hygiene.
- vi). To perform immunisation in Health Unit/hospital and in Railway colonies.

39. CHIEF HEALTH INSPECTOR/HEALTH INSPECTOR Will :

- i) Be responsible for Health Education of community.
- ii) Actively participate in all health programmes, Multi Purpose Health Drives, School health programmes, Family Welfare programmes, MCH programmes, Mass Health Campaign programmes like Pulse Polio Immunisation etc.,.
- iii) Report at once to the Medical Officer in-charge of the division about the out break of epidemic diseases like Cholera, Plague or any suspicious increase in the mortality or sickness in his jurisdiction and take active steps for control of communicable diseases in the community.
- iv) Carry out preventive measures including immunisations
- v) Carry out census of the colony and maintain Birth & Death register.
- vi) Inspect food and drinks sold to the public at the stations and colonies, and work as a food inspector under the prevention of Food Adulteration Act when authorised.
- vii) Look after the sanitary arrangements for fairs and festivals in his jurisdiction.
- viii) Monitor the quality of the water supplied by testing for residual chlorine and collecting samples for bacteriological analysis.
- ix) Carry out anti mosquito, anti fly and other pest control measures. He will be responsible for keeping stray dog population under control.
- x) Carry out all administrative duties of his office and staff under him.
- xi) Be responsible for efficient maintenance of sanitation in colonies/stations.
- xii) See that the conservancy staff posted under him do their work properly. He should particularly bear in mind that it is his duty not merely to order work to be done, but also see that it is actually carried out.
- xiii) Meet jamadars daily and receive their reports of complaints regarding sanitation if any, investigate them, have them attended and report to his officer.
- xiv) Note down any defects in the drains and latrines, urinals, etc. and arrange to get them repaired by Engineering Department.
- xv) Visit each trenching ground at least three times a week and must see that all night soil is properly buried there.
- xvi) Carefully see that the terms of the various clause of agreement with the contractors are carried out properly and any discrepancies etc. are immediately brought to the notice of the higher authorities.

40. CONSERVANCY JAMADAR/SAFAI JAMADAR will:

- i) Supervise the work of the conservancy staff working in his/her gang and will take their roll call twice a day.
- ii) See that the sanitation of the Railway colony/station is maintained in proper condition as desired by his/her superiors and will report negligence/ unsatisfactory working of Railway or Contractors labour to the Health Inspector.
- iii) Ensure proper trenching, composting , etc.
- iv) Carry out dis-infection of stations and chlorination of wells under the supervision of the Health Inspector.
- v) See that the safaiwalas regularly treat the public and community latrines and latrine pans with crude oil and disinfectants and see that there is no complaint from the public.
- vi) Supervise spraying.
- vii) Have broken latrine pans and night soil buckets replaced.
- viii) Report to the Health Inspector about the repairs required to be carried out on the carts, drains, latrines, etc.

ix) Be responsible for issue of conservancy stores to the safaiwalas and the bhisties working under him/her.

41. SANITARY/CONSERVANCY SWEEPER/CLEANER/SAFAIWALA/SAFAI WALI will :

- i) Collect, remove and dispose off rubbish and night soil from Railway premises and colonies etc.
- ii) Sweep the road and other surface area of the Railway premises and colonies and collect the sweepings and put these in the dustbins and also dust and remove cobwebs, etc.
- iii) Clean the drains and carry out periodic de-silting.
- iv) Undertake all other activities related to cleaning of colonies/stations.
- v) Carry sanitary stores.
- vi) Carry out any other duty as ordered by the Health Inspector and other Medical Officers.

42. MALARIA MATE Will :

- i) Be responsible for taking anti-malaria measures in Railway colonies.
- ii) Prepare insecticides solution for the dis-infection work.
- iii) Look after spraying of quarters with D.D.T. and other approved insecticides and destruction of larvae in breeding places.
- iv) Receive anti malaria stores from the Health & malaria inspector and keep a proper account of them.
- v) Keep the anti-malaria tools and plants supplied to him/her in safe custody.
- vi) Supervise the work of the anti-malaria Khalasis/Anti malaria sweepers working under him/her.

43. ANTI MALARIA KHALASI will :

- i) Prepare D.D.T. and other insecticides and spray the same in the Railway quarters and service buildings under the supervision of the Malaria Mate.
- ii) Fill depressions, canalize and drain the stagnant water.
- iii) Remove rank vegetation from the edges of the drains, cess pools and other potential breeding places of larvae.
- iv) Carry out anti-larval measures by spraying oil films on water collection and other breeding places of mosquitoes.
- v) Carry anti-malaria stores.

44. ORAL HYGIENIST will :

1. Perform all scaling (Oral prophylaxis) and polishing of teeth independently whether manual or with ultrasonic instruments.
2. Motivation and educating to patients and community to maintain oral hygiene and teach correct brushing techniques for individuals in oral health camps.
3. Pre and Post-operative precautions and preventive dentistry (diet, oral physiotherapy, general and dental health edllction).
4. Temporary dressing (temporary fillln.. gingival dressing). Simple extraction of painful loose teeth under topical anaesthesia.
5. Prescription of oral medicines Ilke medicated tooth pastes, gum paints, mouth-washes pain relieving drugs that do not come under Schedule of Drug Act.
6. Impart training to the trainers in oral Health care.
7. Providin topical fluoride treatment for school children
8. He will be responsible for implementation oforal health/hygiene programmes and will perform all activities required under the programmes
9. He will assist in upkeep of dental equipment, records and statistics of the department.
10. Carry out any other orders given to him/her by the incharge

(Authority: Board's letter No. 2001/H/23/5 dt. 15.6.2001)

Section-C Scope of Private Practice

204. Private practice by Railway Medical Officers, is restricted to the following types of cases. The extent to which fees can be retained by them in such cases has also been indicated against each :-

(a) Visit at residence for family members and dependent relatives of Railway employees drawing Rs. 3725/- and over per month:- Payment of fees in such cases shall be regulated according to the contract system or by the visit, as the railway employees may prefer. The contract rates of payment shall be 2 per cent of the pay of Railway employee when attended by the Divisional Medical Officer and one per cent when attended by Assistant Divisional Medical Officer. This shall be payable monthly, for periods of not less than 6 months, each period commencing from the beginning of the calendar half-year. Payment per visit per case is according to the following scale which gives the maxima :-

	In respect of Gazetted Railway employees and non-Gazetted Railway employees drawing a pay of Rs.4875/- or more per month	In respect of non-gazetted Railway employees drawing a pay of less than Rs.4875/- but not less than Rs.3725/- per month
Sr. Divisional Medical officer/M.S	Rs 20/-	Rs.12/-
Divisional Medical Officer	Rs 16/-	Rs.10/-
Assistant Divisional Medical Officer	Rs 12/-	Rs 6/-

The above fees, may be retained by the railway doctor in full. Higher fees will not be charged for night visits.

No prior permission is necessary for such attendance, which is considered professional.

No fee shall be charged from employees/dependants where the pay of the employee is less than 3725/- month.

No fee shall be charged from employees of any category of any income

(Rly. Bd.'s letter No. [82/H/6-1/22 dt.23.5.87](#))

(b) Confinement cases of outsiders:- Fees leviable from outsiders for confinement cases in Railway hospitals are as follows :-

(i) Normal labour without episiotomy	.. ..	Rs.1375/-+labour room charges
(ii) Normal labour with episiotomy	.. ..	Rs.1625/-+labour room charges
(iii) Abnormal labour	.. ..	Rs.2000/-+labour room charges

The fees referred to above may be shared between the Railway administration and the medical staff rendering the service in the proportion of 4 : 1. No prior permission is necessary for such attendance.

(c) Operation cases of outsiders :- Fees for operations, major, minor or trivial, leviable from outsiders, are as follows :-

(i) Trivial Operations	.. ..	Rs.250/- + Rs 70/- under L.A; Rs 150 under G.A
(ii) Minor Operations	.. ..	Rs 600/- + Rs.300/- Theatre charges
(iii) Major operations	.. ..	Rs.2500/- + Rs 500/- Theatre charges
(iii) Special Operations	.. ..	Rs 5000/- + Rs 1000/- Theatre charges
(iv) C.A.B.G	.. ..	Rs 8000/- + Rs 1000/- Theatre charges
(v) Open heart surgery	.. ..	Rs 10000/-+ Rs 1000/- Theatre charges
(vi) Closed heart surgery	.. ..	Rs 10000/-+ Rs 1000/- Theatre charges

(Bd's No. [.89/H/6-1/2 dt 24/12/1991](#))

Note :- A list broadly classifying the operations into major, minor and trivial is contained in Annexure II to Chapter VI.

(d) Passengers who fall ill while travelling :- While it is not incumbent on the Railways to provide medical aid to passengers who take ill, such assistance is invariably rendered in practice as a matter of courtesy to a customer.

Charges for medical aid to passengers falling ill suddenly or sustaining injury (other than as a result of a railway accident in which case it is the duty of the Railway administration to provide free medical attendance and treatment facilities) are levied on the principle that the relationship between a *bona fide* passenger and a Railway doctor must be that of a private patient and his medical attendant. A Railway doctor attending on such passenger may be allowed to recover consultation fee at the following rates, and he may retain it in full.

Consultation fee of Rs.20/- per passenger irrespective of the grade of the medical officer; This fee is retained in full by the doctor:

As regards the charges for medicines, injections, etc., the same may be recovered at the following rates and credited, in full, to the Railway revenues :-

- (i) Re.1/- per tablet or a dose of mixture.
- (ii) Maximum retail price as mentioned on the strip per dose of higher antibiotics.
- (iii) Re. 5 per sterile dressing of wounds.
- (iv) Rs. 10 per injection (which includes the cost of the common drugs, i.e., the injecting materials).

No prior permission is necessary for such attendance, which is considered professional.

(Bd's No. 99/H/6-5/1 dt 27/08/1999)

In the case of indigent passengers and trespassers, where it is not possible to recover the cost of medicines, etc., these may be issued free on the certificate of indigence from the doctor. The expenditure, if any, incurred in connection with the hospitalisation of such patients may be treated as part of the ordinary expenses of working the Railway hospitals.

(e) Treatment of outsiders who are admitted as indoor patients in Railway hospitals. Only up to a maximum of 10 per cent of the beds may be utilised for this purpose subject to the condition that spare accommodation is available after meeting the Railway needs. The charges for various types of accommodation are mentioned in Annexure I to Chapter VI and are revised from time to time. These bed charges which, inter-alia, include professional services, are to be credited entirely to the Railway revenues. No prior permission is necessary for such attendance, which is considered professional.

(f) Examination of outsiders seeking admission in the Railway hospital :- For such cases, a fee of Rs.40/- valid for 15 days should be charged. These fees are to be shared between the medical staff and the Railway administration in the ratio of 1:4.

(g) Medical examination of drivers and shunting staff of privately owned sidings :- For such cases a fee of Rs. 40/- per candidate should be charged. This fee is to be shared between the Railway doctor and the Railway administration in the ratio of 3:1. However if any investigations are required to be done for arriving at a decision, necessary charges, may also be recovered at the rates prescribed for outsiders and the amount so recovered should be credited to the Railway revenue in full.

(Rly Bd.'s No 90/H/5/3 dt. 09/02/1993)

(h) Treatment of non-entitled persons temporarily staying with Railway employees residing in places where outside medical help is not readily available: Relations of Railway employees not covered by the Railway medical attendance and treatment rules and friends temporarily staying with Railway employees residing in places where outside medical help is not readily available, will be entitled to medical attention by Railway doctors, who may charge fees as indicated in sub paragraph (a) above. Such fees may be retained by the Railway doctor in full. No prior permission is necessary for such attendance which is considered professional.

(i) Non-Railway Government employees and their family members in whose cases medical facilities have been allowed by the Ministry of Railways on 'no-profit no-loss' basis :- For visits to the residence in such cases, fees will be as indicated in sub-paragraph (a) above. Such fees may be retained by the Railway doctor in full. No prior permission is necessary for such attendance, which is considered professional.

205.Retired Railway employees and their consorts/children :- Medical facilities are available to Retired Railway employees and their dependent Family members at par with serving employees, if they opt

to join the Retired employees Liberalised Health Scheme '97. The scheme is dealt with in detail in the chapter dealing with medical attendance and treatment rules.. No prior permission is necessary for attending them at residence in case of sickness. Payment of fees in such cases is regularised as per para 204(a).

206. The sharing of fees will be in respect of investigations, treatment, delivery/operations handling and service charges, doctor visits and nursing where specifically charged. There is no sharing of charges recovered for bed/cabin, ambulance charges, theatre charges (distinct from operations charges) labour room charges (different from delivery charges).

The sharing of fees will be as under:-

Total amount realised from outsider should be credited in full to railway revenue first. 80% of the amount so realised should be retained by the railway. Balance 20% will be available for sharing amongst the doctors/ hospital staffs as under:-

a) Doctors	40%
b) Paramedical group C staff	35%
c) Ministerial and other group C staffs in separate functions like laundry, diet, ambulance etc.	05%
d) Group D staffs	20%

The proportion allotted to various category should be divided amongst the members of the category.

In the case of medical examination for commutation of pension and for examination of candidate for appointment to group 'A' or group 'B' posts, out of the fees of Rs.30/- received from the candidate, Rs. 9/- should be credited to the Railway revenues and the balance retained by the doctor or, in the case of a medical board, equally shared among the members. No fee is to be collected from RRECHS/RELHS beneficiaries for medical examination for commutation of pension.

(Bd.'s No [90/H/5/3 dt. 24/08/92](#) and No. [90/H/5/3 dt. 19/10/92](#))

207. Prior permission of the Government will be necessary for medical examination cases sponsored by the L.I.C. The fees charged for, should be shared between the Railway doctor rendering the service and the Railway administration in the ratio of 2 : 3.

208. When the fees charged for in a case is divisible between the Railway administration and the doctor rendering the service, the total amount has to be deposited with the Railways first and a bill preferred by the doctor for his share later.

209. The retention of fees by Railway doctor indicated above is subject to the overall limit prescribed in Rule 2216-R II viz., one-third of any non-recurring fee in excess of Rs. 400 and one third of any recurring fee in excess of Rs.250 a year is required to be credited to the Railway revenues. The fee received by a Railway doctor during a financial year from the same person/source, even though it might have been received for different services and on different occasions during that year, is to be treated as a recurring fee. The fee received by a Railway doctor from different personal sources, which might have been received for the same or different services and on the same or different occasions, is to be treated as a non-recurring fee.

210. A Railway doctor in his private capacity is not allowed to utilise medicines and injections etc. of the Railway, even if non-Railway patients are prepared to pay for these at the prescribed rates. The Railway doctors are also not allowed to open their own pharmacies or sit in a shop consulting room, in the open bazar. Further, other things being equal, a Railway doctor is always expected to give preference to a Railway employee and other entitled members of his family and dependent relatives over an outsider.

Note.- Notwithstanding any of the provisions of this or any other section of the Manual, a Railway doctor should always bear in mind the noble traditions of his profession and in keeping with the spirit of the code of Medical Ethics, should ever be ready to respond to the calls of the sick and the injured in an emergency.

(Paras 620 to 629-R.I, M.O.R's letters No. E55ME5/70/Medical dated 7th/15th November 1956. No.63/H/7/92 dated 4th/5th September 1963, No. 65/H/7/44 dated 17th October 1966, No. 64/H/1/26 dated 19th September 1967, No. 66/H/1/27 dated 7th October 1967. No. 65/H/7/44 dated 19th February 1968, No. 66/H/1/27 dated 4th April 1968. No. 68/H/1/17 dated 14th January 1969 and No. 65/H/1/21 dated 26th February 1969, No. 71/H/7/3 dated 15th January 1971, No. 72/H/2-1/3 dated 15th June 1973 and 7th July

Section "D" -- Court Attendance by Railway Doctors

211. Summons.-

(1) A Railway doctor may be called upon to give evidence as a witness in a Court of Law, by summons signed by a judicial authority, in a case he has attended while in the discharge of his duties. Such summons are sent usually a week in advance.

(2) On receipt of the summons, he should inform his next immediate superior that he has been called upon to attend the Court for evidence, who will give his permission and arrange for his relief. It is advisable to request the judicial authority to send such summons through his next immediate superior.

(3) On receiving the summons, the doctor should collect all the relevant papers pertaining to the case including the x-ray plates if any, and keep them handy. He should study the case thoroughly and be prepared to answer the questions asked in the Court.

212. Court attendance and T.A./D.A. there of.-

(1) He should attend the court on the day fixed and report to the court at the scheduled time mentioned in the summons.

(2) When an employee is summoned in a case to which the Railway administration is a party to appear either as a witness before the court or police inquiry or when he is summoned by a Railway police or Government police to give evidence in a criminal case in respect of facts coming to his knowledge while in the discharge of his duties, he shall be considered as on duty and shall not be entitled to receive any fees but be allowed pay and allowances as admissible under the Indian Railway Rules.

(3) When an employee is summoned to give evidence of facts which came to his knowledge in the discharge of his public duties or to produce official documents in a civil suit to which the Government is not a party, he will be paid travelling expenses, etc. by the courts at the rates admissible to Government employees for a journey on tour. In order to enable the court to assess the amount admissible to him, the Railway employees should carry to the court a certificate duly signed by the controlling officer of the Railway employee showing the rate of travelling and daily allowance admissible to him for journey on tour. If the Railway employee is his own controlling officer, the certificate will be signed by him as such.

(Rules 1671-R.II and Rule 1226-G. I.)

213. The points that a medical witness should bear in mind while giving evidence.-

- (i) stating the truth irrespective of the fact that it may lead to the conviction or acquittal of the accused.
- (ii) speaking slowly and clearly using simple words avoiding technical terms as far as possible
- (iii) Being exact in stating the facts and not giving opinion unless it is asked for.
- (iv) Giving brief answers, i.e., "Yes" or 'No' and not trying to explain.
- (v) Never attempting to answer questions if he is not sure of the facts.
- (vi) Keeping cool and calm; never losing temper.
- (vii) Appealing to the judge if any irrelevant questions are asked.
- (viii) Keeping to himself professional secrets, unless ordered by the presiding Judge to reveal them.
- (ix) Avoiding references to written notes, as these may be asked for and read in the Court, causing embarrassment.

214. Court Certificate:- It is essential to obtain a certificate from the presiding judicial authority after completion of the evidence. This certificate is a proof of the Court attendance, which has to be forwarded to the next immediate superior.

Section "E" - Training

Sub-section 1-Study outside the normal duty hours

215. (1) Ordinarily, there can be no objection to the pursuit of knowledge by Government employees in their leisure hours.

(2) However, where a Government employee wants to join an educational institution or course of study outside the normal duty hours implying, as it does, his advance commitment about attendance at specific hours and absence from duty during periods of examinations, prior permission from the Government should be obtained.

(3) Such permission should be given only to those who have either been confirmed or put in at least two years of service on the Railways.

(MOR's letters No. E/52/G1/5, dated 27th/28th April 1955, No.64/H/15/34 Pt., dated 4th September 1964 and No. 66/H/15/18 dated, 9th October 1968).

Sub-section 2-Training of Non-gazetted Medical Personnel

216. (1) Non-gazetted medical personnel may be allowed to undergo certain specialised courses of study in non-railway institutions when it is found necessary to do so for the requirement of their work.

(2) The following concessions may be allowed to the staff who are so deputed :-

(i) The period of absence from duty on account of the training may be treated as duty;

(ii) Travelling allowance as admissible under the normal rules should be allowed to and from the place of training, but not daily allowance for halts ; and

(iii) Tuition, examination and other fees may be borne by the Government.

(3) Prior approval of the Ministry of Railways should be obtained to a programme of such training for the coming year, mentioning the courses proposed, justification for the proposal, and giving approximate details of the financial implications.

(4) The General Managers can then under their own powers, depute individual employees.

(5) A binding agreement in the prescribed form should, however, be obtained from the employees so deputed.

(6) As the books supplied to the trainees at the cost of Railway Revenues during training might prove useful in their official work, there is no objection to the employees retaining them.

(Ministry of Railway's letters No. E/47/ME/5/18/3 dated 31st October 1950, No.E/52/ME/5/70/3,dated 2nd March 1953, No. E/53/ME/5/77/3, dated 7th December 1954, 18th February 1955 and 2nd December 1955).

Sub-section 3-Refresher Course

217. (1) All nine a Zonal headquarters hospitals may organise periodical refresher courses preferably on same dates every year, providing professional training to their own medical officers as also to those from adjacent zones. Programme of one zoner should not clash with the programme of adjacent neighboring zones.

(2) The courses should be of 2-4 weeks duration and individual doctor should repeat his/her training periodically but at least once in 5 years.

(3) The course is intended for Railway doctors; priority to be given to those who do not possess post-graduate qualifications and whose duties are of the nature of general practice.

(4) The Railway doctors, who are above 55 years of age may be exempted from such courses. Those who have put in less than 5 years of service may also be exempted except those who have been out of touch with teaching institutions for 5 years or more. However, priority should be given to doctors who have put in more than 5 years of service and those who are under 50 years of age.

(5) The training is to be intensive in nature where didactic lectures demonstrations, seminars and clinics by experts in the concerned disciplines, drawn from serving Railway doctors and honorary consultants attached to central hospitals may be held for 7 hours each day leaving sufficient leisure for the

trainees to study text books, peruse journals and look up reference books. There should be a specially selected officer detailed for organizing these courses, to co-ordinate lectures, clinics, demonstrations etc. and give guidance to the trainees. This tutor officer should be at least a Senior Scale officer and should be specially selected for his ability and aptitude for such work.

(6) The general plan would be to have lectures, ward rounds and case presentation etc. giving more importance to practical management of various cases and dealing with emergencies. The CMD of the Centre running the course should decide about the course contents keeping it in line with RSC curriculum for professional refresher courses, also taking into consideration the problems and special diseases prevailing in the particular region.

(7) To make the training interesting, worthwhile, and practice and participation based, there should be seminars, panel discussions, group discussions and field work to cover the various aspects of the training. Subjects for these may be decided by the Chief Medical Director running the training centre.

(8) The training centre should have a minimum of 250 beds, a laboratory with adequate facilities a Radiology department where major investigations are done, and a library where sufficient number of text and reference books and journals are available. Some other desirable physical requirements are:-

- (a) A lecture hall sufficiently large to accommodate the trainees;
- (b) Overhead Projector, film and slide projector and Video film projectors;
- (c) Proximity of teaching institutions to draw consultants from or to arrange visit for trainees; and
- (d) Some arrangements for transport of trainees for visits to institutions and practice field.

(9) Chief Medical Director of the Railways concerned should indicate the broad guide lines for each lecturer or demonstrator on the subjects that he has to cover, clearly indicating the level of the understanding of the trainees and the requirements of the Railways, so that the lectures and demonstrations become fruitful and are neither too high flown nor too elementary.

(10) The doctors undergoing refresher courses may be granted the following concessions: -

- (i) The period of absence from duty on account of the training may be treated as duty;
- (ii) T.A./D.A. may be allowed as per rules.

(11) The Railways concerned, may make such arrangements for class rooms and residential accommodation for the trainees as are feasible. This accommodation should preferably be in the hospital compound. The accommodation may be of austerity type but the conditions obtaining and facilities provided should meet the minimum requirements necessary for trainees to concentrate on their studies.

(12) Railway doctors and other Railway Officers invited to deliver lectures for the above courses may be paid honorarium at the rate of Rs.100/- per lecture of one hour duration. Outside lecturers may also be paid a remuneration at the same rate and an additional amount of Rs.100/- as conveyance allowance, provided they are not eligible for travelling allowance for the journeys in question under the rules applicable to them.

(Ministry of Railway's letters No. 67/H/1518 (i), dated 23 rd August 1968, No. 67/H/15/18, dated 28th January 1970, No. 60/H/16 dated 26th February 1970, No. 67/H/15/18, dated 11th May 1971, No. 71/H/15/11, dated 8th July 1971 and No.99/H-1/10/5 dated 04/08/1999).

Sub-section 4-Training Of Group 'C' and 'D' staff

218. (1) All Group 'C' and Group 'D' staff of Medical Department should undergo periodical training as per prescribed modules

(Rly Bd.'s No E(MPP)-84/13/19/Medical Dated 26/09/1994)

(2) All Zonal Railways should prepare an yearly prospective plan for training of different categories of staff as per modules and send details of such programme to Health Directorate & also to Training and Manpower Planning Directorate for information and record.

Sub-section 5-Post Graduate Specialties Training on deputation (duty) terms

219. (1) Railway Board's orders relating to the training facilities to Railway doctors in various post-graduate specialties are based on the Report of the Railway Technical Training Schools Committee,

1961, in paragraph 237 (item No.223 of the Summary of Recommendations) of which they had recommended that suitable training to Railway doctors in various specialties should be arranged at Railway expenses and the period of training treated as duty.

(2) Not more than two Medical Officers from the Central, Eastern, Northern, Southern, South Eastern and Western Railway and not more than one each from the North Eastern, Northeast Frontier and South Central Railway may be sponsored for post-graduate specialties training, for such period as may be necessary but not exceeding one year and for such specialties/super specialties as are felt necessary by the Railway administration., in which there is shortage of doctors and for which infrastructure on the Railways exists to utilise their services after completion of their training on the specific recommendations of the Chief Medical Director.

(Bd.'s letter No [94/H/2-1/15 dated 16/12/96](#))

(3) The doctors sponsored should be permanent with a minimum of five years of service. Such doctors as have rendered service at way side health units will be given preference.

(4) The doctors sponsored should also possess aptitude in the particular specialty in which he/she is sponsored. The subjects should also have a direct or close connection with the sphere of their duties, but at no time more than two doctors should be away on training in any one specialty. Further, it is not the intention to train the same doctor in a large number of specialties not closely related to each other.

(5) The following concessions may be allowed to the doctors so deputed.-

- (i) The period of absence from duty on account of the training may be treated as duty, and
- (ii) T.A./D.A. may be allowed as per rules.

(6) All proposals for this training should be referred to the Ministry of Railway well in advance for their prior approval, giving detailed information on the following points.-

- (i) The existing academic qualification of the doctor and his performance in the past examinations
- (ii) Service rendered outside the headquarters and divisional hospitals, particularly in difficult areas,
- (iii) Capacity to complete the course successfully, and
- (iv) The utilisation of the doctor after the training.

(7) Bonds should however, be got executed from the Railway doctors so deputed in the standard form of Indemnity Bond prescribed for the purpose, to the effect that they will have to serve the Railways after training for minimum period of five years. The bond should be executed before the doctor is relieved for undergoing such training. In the case of a permanent doctor, it is not necessary for a surety to endorse the bond.

(Ministry of Railways' letters No. E.61.TTC/65 dated 26th February 1962, and dated 11th June, 1963, No. 65/H/15/25 dated 13th October, 1965, No. E(Trg) I-66TRI/173 dated 28th April, 1967, D.C.No. 67/H/H15/44 dated 29th August, 1967, from Shri. A. K. Roy Chowdhury, J.D.F.(E), Railway Board, to Shri G.P.Penn Anthony, FA & CAO, Western Railway, letter No.E.(Trg)I-66TRI/173 dated 4th October, 1967 and 21st November, 1967, No. 68/H/15/53 dated 5th October, 1968. No.E/61/TTC/65 dated 29th November, 1968, No. 70/H/15/1 dated 30th January, 1970, No.E(GR) I-69/RC12-7 dated 8th September 1971 and No. 80/H/2-2/21 dated 3rd December 1980).

220. Special provision for training in Anesthesiology: (1) Apart from what has been stated above, every Medical Officer, irrespective of the fact whether he has been made permanent or whether he has completed five years of service, who would be called upon to administer anaesthesia, should receive a course of training in anesthesiology under a senior and qualified anaesthetist and a certificate to this effect should be given to him by the Chief Medical Director of the Railway concerned.

(2) For this purpose, the Medical Officer may be deputed for training, if necessary, to a non-Railway institution also, under the following terms and conditions :-

- (i) The period of absence from duty on account of the training should be treated as duty if it does not exceed six months. Normally a maximum period of four months should do,
- (ii) The full cost of training should be borne by the Railway administration, and
- (iii) T.A./D.A. may be allowed as per rule.

(3) Such of the General Duty Medical Officers (who do not have P.G Qualification in anaesthesia) who have completed their training in anaesthesia may be **granted a special allowance of Rs 200/-p.m. when they are entrusted with the performance of anaesthesia work in addition to their normal duties.**
No bond as indicated in para 219(7) above is required to be obtained from them.

(Ministry of Railway's letters No. 61/M. & H/7/65 dated 23rd August, 1961 and 27th December 1961, No. PC-66/PS-5/MH-13 dated 13th April, 1967 and No. 67/H/15/18 dated 20th May, 1967. [E \(P&A\) 1-2002/SP-1/MH-1 dt 11-7-2002](#))

Sub-section 6 - Study Leave

221. (1) Study leave may be granted to a Railway servant with regard to the exigencies of public service to enable him to undergo, in or out of India, a special course of study consisting of higher studies in a technical subject having a direct and close connection with the sphere of his duty. Study leave out of India shall not be granted for persecution of studies in subjects for which adequate facilities exist in India or under any of the schemes administered by the department of Economic affairs of the Ministry of Finance or by the Ministry of Education.

(2) Study leave may be granted to a Railway servant ,

(i) who has satisfactorily completed a period of probation and has rendered not less than five years of regular continuous service including the period of probation under the government.

(ii) who is not due to reach the age of superannuation from the government service within three years from the date on which he is expected to return to duty after the expiry of the leave.

(iii) who executes a bond as laid down in Rule 4(4) of appendix V to study leave rules R.I, undertaking to serve the government for a period of three years after the expiry of the leave. Accordingly, a Railway servant having the option to retire will not be permitted to retire unless he serves the government for three years after the return from the study leave.

(Rly Bd' No. F(E) III/86/LE-1/2 dt. 07/03/1989)

(3) The General Managers have full powers to grant study leave in respect of Non-Gazetted staff when the study leave does not exceed twelve months at a time and is in India. General Managers are also empowered to sanction study leave to Medical Officers for study leave in India. While considering proposals for grant of study leave of Medical Officers, the General Managers should satisfy themselves that the required number of specialists are not already available and that the work can be managed without substitutes during the absence of officers who have been granted study leave and that not more than five doctors on each of the zonal Railways are granted study leave in a year. The production units may, however, grant study leave to not more than to one medical officer in a year. This limit is inclusive of the number of officers who are allowed the deputation terms or E.O.L for study purposes in certain medical specialities as per extant orders. A Medical Officer may be granted study leave for persecuting a course of post graduate study in medical sciences in India, if the Head of the Medical department certifies to the effect that such study leave shall be valuable in increasing the efficiency of such medical officer in performing his duties. For post graduate study in medical sciences abroad, study leave may be granted if the Director General of Railway Health Services in the Ministry of Railways certifies that such study leave shall be valuable in increasing the efficiency of such medical officer in performance of his duties

(Rly Bd.'s Letter No. [F\(E\) III/89/LF-1/5 dt. 19/02/1990](#))

Note: Some institutes require sponsorship certificate while applying to undergo P.G. Courses. All such forms should be signed by the GM(P) of the Railway concerned on the recommendations of the Chief Medical Director. In case the sponsorship certificate is required to be countersigned by the DG(RHS) the same should be sent to the Railway Board well in advance after it is signed by the GM(P)

(Bd.'s Letter No. [97/H/2-2/1dt.21/01/1998](#))

(4) The maximum amount of study leave which may be granted to a Railway servant, shall be-

(i) Ordinarily twenty four months at any one time and

(ii) During his entire service thirty six months in all (inclusive of similar kind of leave for study or training granted under any other rules).

(5) Study leave may be combined with other kinds of leave but in no case shall be grant of this leave in combination with leave, other than extraordinary leave, involve a total absence of more than thirty six months from the regular duty of the Railway employee.

(Rly Bd.'s No F(E) III /89/LE1/5 dt. 20/11/1990 & F(E) III/95/LE1/1 dt. 06/08/1997)

(6) (a) During study leave availed in India, a Railway servant shall draw leave salary equal to the pay (without allowances other than Dearness allowance) that the Railway servant drew while on duty immediately before proceeding on such leave.

(b) Payment of leave salary under sub para (6) (a) above shall be subject to furnishing of a certificate by the Railway servant to the effect that he is not in receipt of any scholarship, stipend or remuneration in respect of any part-time employment. The amount, if any, received by a Railway servant during the period of study leave as scholarship or stipend or remuneration in respect of any part-time employment as envisaged in sub-rule(2) of rule 8, shall be adjusted against the leave salary payable under this sub-rule subject to the condition that the leave salary shall not be reduced to an amount less than that payable as leave salary during half pay leave. No study allowance shall be paid during study leave for courses of study in India.

(7) During study leave availed outside India, a Railway servant shall draw leave salary equal to the pay (without allowances other than dearness allowance) that the Railway servant drew while on duty immediately before proceeding on such leave, in addition to the study allowance admissible in accordance with the provisions of Rules 8 to 10 of R I.

(8) Conditions for grant of study allowance : (i) A Study allowance shall be granted to a Railway servant who has been granted study leave for studies outside India for the period spent in prosecuting a definite course of study at a recognised institution or in any definite tour for inspection of any special class of work, as well as for the period covered by any examination at the end of the course of study.

(ii) Where a Railway servant has been permitted to receive and retain, in addition to his leave salary, any scholarship or stipend that may be awarded to him from a Government or non-Government source, or any other remuneration in respect of any part time employment

(a) no study allowance shall be admissible in case the net amount of such scholarship or stipend or remuneration (arrived at by deducting the cost of fees, if any, paid by the Railway servant from the value of the scholarship or stipend or remuneration) exceeds the amount of study allowance otherwise admissible.

(b) In case the net amount of scholarship or stipend or remuneration is less than the study allowance otherwise admissible, the difference between the value of the net scholarship or stipend or any other remuneration in respect of any part time employment and the study allowance may be granted by the authority competent to grant leave.

(iii) Study allowance shall not be granted for any period during which a railway servant interrupts his course of study to suit his own convenience:

provided that the authority competent to grant leave or the head of Mission may authorise the grant of study allowances for a period not exceeding 14 days at a time during such interruption if it was due to sickness.

(iv) Study allowance shall also be allowed for the entire period of vacation during the course of study subject to the condition that:-

a) the Railway servant attends during vacation any special course of study or practical training under the direction of the Government or the authority competent to grant leave, as the case may be; or

b) in the absence of any such direction, he produces satisfactory evidence before the Head of the Mission or the authority competent to grant leave as the case may be, that he has continued his studies during the vacation: provided that in respect of vacation falling at the end of the course of study it shall be allowed for a maximum period of 14 days.

(v) The period for which study allowance may be granted shall not exceed 24 months in all.

(9) Study leave counts as service for promotion, pension, seniority and increments. It does not count for earning leave other than half-pay leave.

(10) If a Railway servant resigns or retires from service or otherwise quits service without returning to duty after a period of study leave or within a period of three years after such return to duty, he shall be required to refund

(i) the actual amount of leave salary, study allowance, cost of fees, travelling and other expenses, if any, incurred by the Railways; and

(ii) the actual amount, if any, of the cost incurred by other agencies such as foreign governments, foundations, and trusts in connection with the course of study together with the interest thereon at rates in force at the time on government loans, from the date of demand, from his resignation is accepted or permission, to retire is granted or his quitting service otherwise:

provided that nothing in this rule shall apply:-

(a) to a Railway servant who, after return to duty from study leave is permitted to retire from service on medical grounds; or

(b) to a Railway servant who, after return to duty from study leave, is deputed to serve in any statutory or autonomous body or institution under the control of the government and is subsequently permitted to resign from service under the government with a view to his permanent absorption in the said statutory or autonomous body or institution in the public interest.

Further, the study leave availed of by such a Railway servant shall be converted into regular leave standing at his credit on the date on which the study leave commenced, any regular leave taken in continuation of study leave being suitably adjusted for the purpose and the balance of the period of study leave, if any, which cannot be so converted, treated as extraordinary leave.

In addition to the amount to be refunded by the railway servant, he shall be required to refund any excess of leave salary actually drawn over the leave salary admissible on conversion of the study leave. leave.

(Indian Railway Establishment Code I 1985 Edition 1995 Reprint)

The detailed rules regarding the grant of study leave are contained in Appendix V of the Indian Railway Establishment Code, Volume I.1985 Edition.

(Appendix XXXIII-R.II. Ministry of Railway's letters No. E56ME5/121/Medical dated 12th March 1957 and No.E(G) 64LE6-5 dated 8th February 1965).

Sub-Section 7 - Training Abroad

222. (1) Railway Medical personnel are to be sent for training abroad only in exceptional cases and not as a general routine. The aim and object of the proposed training in each individual case should be clearly defined. The following broad criteria should be borne in mind while recommending doctors and other medical staff for training abroad :-

(i) The proposal should be for technical training of a practical kind as distinct from purely "academic training".

(ii) Only such training facilities should be sought as are not available in India.

(iii) The proposal should be related to a specific development project included in the Five Year plans.

(iv) The proposal should be made in respect of a person who is already in employment, has normally not less than five years experience and in whose case it is considered that the acquisition of expert knowledge would help in the efficient implementation of a project on his return. Special justification should be given if a person with less than five years' experience is recommended.

(v) The person recommended for training should possess qualifications and experience sufficient to enable him to benefit from his training abroad. He should not only possess sufficient background knowledge in the field in which he is proposed to be trained, but should also have displayed special aptitude for the same.

(vi) The candidate should be below 45 years of age (relaxed up to 48 years in exceptional cases, if full justification is furnished). This age limit will, however, not apply in cases of observation tours by senior persons.

(vii) If foreign expertise has already been obtained in a particular field, special justification in support of a request for training in that field should be given.

(viii) A candidate recommended under one programme should not be recommended simultaneously under any other Technical Aid Programme.

(ix) The candidates should preferably have some knowledge of the language of the country where he is proposed to be sent.

(x) Seniority, record of service, etc. have also to be taken into account.

(2) In view of the importance of recommending the right type of medical personnel for training abroad, it is essential to associate the head of the department while making any such recommendation. While recommending the name to the Ministry of Railways, a statement, in duplicate, in the prescribed form as given in Annexure I to this Chapter, has to be furnished.

Sub-Section 8 - Other General Instructions regarding Training

223. Training when it is considered essential :- Staff should be sent to Non-Railway institutions for training only when it is considered absolutely essential and not as a matter of course.

(Ministry of Railway's letter No. E(Trg.)1-67TRI./49 dated 10th May 1967).

224. Information regarding doctors :- The Railway Board receives intimations from various institutions and organizations for the deputation/training of Railway doctors in various specialties in India as well as abroad, some times also getting offers of fellowships and scholarships. In order to avail of the benefits within the target date, which in most of the cases is prescribed by them, information relating to ADMOs/DMOs/SrDMOs having postgraduate degree/diploma qualifications should be furnished to the Railway Board in the proforma as given in Annexure II to this Chapter for every calendar year ending on 31st December, immediately after the 31st December.

(Ministry of Railway's letter No. 66/H/15/50, dated 17 August 1966).

225. Officiating arrangements in place of staff on training :- (1) The General Managers have full powers to sanction officiating arrangements in place of staff sent on training, provided :-

- (i) the training is on the Railways and not in an outside body.
- (ii) trainee reserve has not been provided in that category, and
- (iii) officiating promotions are admissible under the extant rules and orders.

(2) The Divisional Railway Managers and Heads of Departments have full powers in respect of the staff controlled by them.

(Ministry of Railway's letter No. E(Trg.)60/TRI./33 dated 29th December 1964).

226. Training during an emergency :- (1) During an emergency, it is essential that all medical personnel should have full up-to-date knowledge of the type of cases which they are likely to come across and their management. Special training for such personnel should accordingly be arranged during an emergency, which may include lectures on -

- (a) traumatic surgery and injuries from blast,
- (b) treatment of shock,
- (c) principles of blood transfusion,
- (d) treatment of burns of all types, and
- (e) psychological manifestations of bombing and war neurosis arising from emergency conditions.

(2) Assistance for such training may also be obtained from the State medical authorities and military authorities of the areas concerned. It may also be possible to associate with any training programme which are instituted by the said authorities.

(Ministry of Railway's letter No. 62/H/7/173, dated 9th/11th January 1963).

227. Courses conducted by the National Institute of Health And Family Welfare :-(1) The National Institute of Health And Family Welfare, New Delhi, which is an autonomous organization set up with assistance from the Ford Foundation, registered under the Indian Societies Registration Act and managed by the Union Health Ministry through a Central Council with the Union Health Minister as its President, arranges various training programs and seminars, etc. for example, "Staff College" Courses and Seminars on "Hospital Administration", imparting training on hospital administration, public health, medical care, family welfare and control of communicable diseases, etc.

(2) The Railway doctors can avail of these programmes and seminars. The period of absence from duty on account of the training in such cases be treated as on duty and daily allowance allowed as per rule .

(3) Prior approval of the Ministry of Railways is necessary in each case.

228. Courses conducted by the National Institute of Communicable Diseases :- (1) The National Institute of Communicable Diseases (N.I.C.D.) Delhi, arranges various training courses in subjects like epidemiology, etc.

(2) The Railway doctors can avail of these training courses. The period of absence from duty on account of the training in such cases is treated as on duty and daily allowance allowed as per rules.

(3) Prior approval of the Ministry of Railways is necessary in each case.

229. Courses conducted by the Zonal Productivity Councils :- (1) The Chief Mechanical Engineer of a Railway can personally depute non-gazetted staff for courses conducted by the particular Zonal Productivity Council, of which each Railway is a member.

(2) For gazetted officers, sanction of the Ministry of Railways is necessary.

(3) Some times, for instance when a course on Industrial Hygiene and Occupational Health is conducted by a Council, Railway doctors come under the purview of these instructions.

(4) The terms and conditions for the staff so deputed should be as follows :-

(i) The period of absence from duty on account of the training should be treated as duty,

(ii) Daily allowance may be allowed as per rule,

(iii) The Railway administrations will defray the fee (excluding the cost of lunch, tea, snacks, etc. if any) prescribed by the Council from time to time for different courses, and

(iv) In cases where the cost of lunch, tea, snacks, etc. (but not free boarding) is included in the rate of fee paid to the Council, the trainees should be paid only 3/4th of the normal daily allowance as admissible.

(Ministry of Railway's letter No. E(Trg.)63TRI./48 dated 30th April 1964).

230. Job orientation training of doctors :- (1) **Job-orientation training of directly recruited doctors-** The directly recruited Medical Officers are required to satisfactorily conclude a training programme, as prescribed by the Ministry of Railways from time to time, during the period of their probation.

(2)**Training of probationary Assistant Divisional Medical Officers:-**The Ministry of Railways have decided that the probationary Assistant Divisional Medical Officers should be given training as per following schedule :-

3 (Three) days

Central Hospital of the zone for 3 days under Medical Director of Central Hospital.

45 (Forty five) days

In the Headquarters Hospital or in a large divisional hospital . The probationary officer must be encouraged to deal with the cases individually under the supervision of a Senior Medical Officer. The trainee must also attend regular OPD to gain competence in dealing with all types of cases. Administrative training should also be imparted properly.

10 (Ten) days

On completion of the period of training in a hospital as above, the trainees shall be deputed to work in a health unit outside the headquarters (zonal or divisional) and should participate in all the curative, preventive and promotive health care activities. As far as possible during this period the probationary officers shall work on their own under the advice and guidance of the medical officer in-charge of the health unit. Administrative training also should be imparted by in-charge.

2 (Two) days

Final assessment in CMD's office. Suitability of the probationer should be assessed before being put on a working post and if need be the period of training can be further extended. During these two days the probationary officers shall be subjected to a detailed assessment of their adequacy to hold independent charge.

One Month (Induction course)

This course is specially meant for probationary Medical Officers/new entrants to IRMS and will be conducted at Railway Staff College Vadodara for a period of four weeks. The objectives of the course are:

- i) To expose the new entrants to the administrative set up of IRMS.
- ii) To acquaint them with the functioning of the Railway organisation as a whole.
- iii) To guide them about the rules and regulations which they are supposed to follow while dealing with the patients & with other departments.
- iv) To build a team spirit and working harmony with other departments of Railways.

(Railway Board letter No. [91/E/\(GR\)II/7/19 dated 18/12/1991.](#))

231. Submission of proposals in time :- With a view to ensure that available training facilities are not unnecessarily lost merely on technical grounds like the late submission of proposals, etc., the Railways, in respect of such cases of deputation on duty terms should nominate doctors well in advance of the commencement of a particular course, and send detailed proposal to the Ministry of Railways at least six weeks ahead of the commencement of the course, furnishing, inter alia, the following information :-

- (i) Detailed service particulars indicating that the conditions laid down by the Ministry of Railways for the training course are satisfied.
- (ii) Details of academic record (under graduate and post-graduate) which should include the nature of examinations passed and marks obtained in each, the number of attempts taken in passing the examinations, details of distinctions obtained, if any, etc.
- (iii) Confidential reports of the doctors nominated for the training; if the reports are available in the Ministry of Railways, an indication to that effect should be clearly given.
- (iv) The comments/concurrence of the Financial Adviser and Chief Accounts Officer to the proposal.

Section F - Honorary Consultants

232. Introduction :- Honorary consultants are non-railway specialists of repute appointed by the Railways for their headquarters hospitals and divisional hospitals and in specified work shop hospitals and sub-divisional hospitals (a list is given in annexure VII to this chapter) with a view to provide highly specialised consultant services.

233. Maximum number of honorary consultants that may be appointed and ceiling of expenditure therefor :-(1)The maximum number of honorary consultants at those headquarters hospitals of the Railways which are situated at New Delhi, Mumbai, Kolkata and Chennai should be limited to 15, with a ceiling of annual expenditure not exceeding Rs 9,00,000/- for each Head quarters hospital. The maximum number of honorary consultants which may be appointed at the headquarters hospital of North Eastern, Northeast Frontier and South Central Railways should be limited to 10, with a ceiling of an annual expenditure not exceeding Rs.6,00,000/- for each Head quarters hospital. Not more than 4 honorary consultants may be appointed at important divisional hospitals/production units hospitals where the need is

keenly felt. The monetary limit for each Divisional hospitals being Rs.1,92,000/-. Where the Honorary consultants have already been provided as a special case in sub-divisional, work shop hospitals and production units, not more than 3 honorary consultants may be appointed. the expenditure not exceeding Rs.1,44,000/- per annum.

(2) Powers to appoint the honorary consultants in the Head quarters hospitals and Divisional/Sub divisional/Work shop hospitals of the Railways including the renewals of their contracts, within the overall ceiling limits laid down above may be exercised by the General Managers, subject to the terms and conditions laid down.

(3) deleted*(No2002/H-I/12/55 dt 24-3-3).

The following guiding factors are to be kept in view while recommending appointments of such additional Hony. Consultants.

a) The candidate must hold a post graduate degree in the relevant subject and post graduate qualification in the case of super specialties.

b) He/she should have minimum of 10 Years standing in the profession in case he is a post graduate degree holder and 5 years standing in case of double PG qualifications in the case of super-specialties .

c) He/she should have proven abilities as judged by local reputation, publications and attachments.

While processing the proposal for such additional consultants, the following information must be furnished to the Railway Board.

i) Detailed Bio-data of the additional consultant proposed for appointment.

ii) Detailed information of utilisation of existing Hony. Consultants.

iii) Detailed justification for additional consultant with proper projection of work load in the Specialty concerned.

iv) Details of available infra structure in the Specialty where the new consultant is proposed to be appointed.

v) Names and qualifications of regular Railway Medical officers in that Specialty and their deployment

vi) any other relevant information on the subject.

Note :- Consultants should **not** be appointed under the aegis of the Staff Benefit Fund.

234. Disciplines in which honorary consultants may be appointed :- (1) the essential disciplines/specialties in which honorary consultants may be appointed are General Medicine, Cardiology, Paediatrics, General Surgery, Orthopaedics, Ophthalmology, E.N.T. and Gynaecology. The other honorary consultants may be in disciplines over and above those referred to here keeping in view local requirements, provided that the prescribed limits are not exceeded.

(2) Not more than one consultant should be appointed in any particular discipline.

(3) In places like Kolkata and Mumbai, where more than one Railway has got its headquarters hospital (namely, South Eastern and Eastern Railways at Kolkata, Western and Central Railways at Mumbai), the consultants appointed may be for different specialties. A close co-ordination should be maintained between the Railway administrations so that maximum advantage can be derived from these consultants to cover all specialties rather than have duplicates in the same specialty.

235. Terms and conditions :- (1) In entering into contracts with honorary consultants, only competent and reputed specialists who accept the prescribed terms and conditions should be considered. Retired Railway doctors may however be appointed only in exceptional circumstances with the prior approval of Minister of Railways on existing terms and conditions for Hony. consultants. The number of such retired doctors should not exceed 20% of the total number of Hony. Consultants on the Railway/Production unit. Further, in order to expose Railway doctors to different practices and modern developments available in the various specialties, there should be frequent changes among the consultants.

(2) The period of initial appointment would be from the date the honorary consultant joins duty to 31st March of the succeeding financial year.

(3) No doctor who has completed 70 years of age may be appointed or retained as honorary consultant.

(4) No honorary consultant may normally be engaged for more than seven years.

(5) The terms and conditions governing the appointment of honorary consultants are as follows ;

(i) **Conveyance Charges** :- They will be paid "conveyance charges" at the rate of Rs.5000/- per month each at the Head quarts hospitals & Rs 4000/- per month at the divisional/Production Unit/Sub-divisional/Workshop hospitals.

Note :- (1) The conveyance charges do not depend upon the actual number of visits paid.

(2) No conveyance charges are admissible for continuous absence for a period of one month or more.

(ii) They will undertake to work as consultants for a period of two years in the first instance but the period may be extended thereafter. The extension should normally be for 2 years co-terminating on 31st March for administrative convenience. The contracts may be terminated at any time, on one month's notice on either side. The administration reserves the right not to assign any reason for such termination.

(iii) They will be eligible to one set of first class complimentary passes for self and members of their family available over all Indian Railways per year. They will also be eligible to one additional set of first class complimentary pass for self alone to enable them to attend various professional conferences and specialists' meetings.

(iv) The consultants will normally attend the hospital twice a week but may, when requested by the head of the Railway medical institution concerned, attend at any time during the day or night in case of emergencies. The surgeon and the gynecologist consultants may also be called upon to perform operations involving complicated or advanced nature.

(v) In case the consultants are unable to attend the hospital on the appointed days of the week, they have to give prior notice so that alternative arrangements can be made.

(vi) The consultants will not be allowed to treat their own patients in Railway medical institutions but the diagnostic facilities and such other facilities as are provided in the institution will be made available to them on request being made to the head of that institution.

(vii) The consultants will not be authorised to issue any certificates either to the employees or to their family members, or dependent relatives in their official or private capacity.

(viii) The consultants will be required to abide by the rules of the institution to which they are attached.

236. Arrangements in the absence of the honorary consultants :- It is not necessary to make relief arrangements in short term leave vacancies of the consultants nor is it incumbent on the consultant to nominate an alternative in his absence. The regular staff of the hospital should be able to manage the work.

237. Submission of reports by the Railways :- With a view to be able to judge whether or not a particular consultant's services have been utilized a report on the quantum of work done by each consultant should be submitted, in triplicate, to the Ministry every year in April for the preceding financial year in the prescribed proforma as given at [Annexure III](#) to this Chapter.

238. Prior approval of the Ministry of Railways :- (1) Prior approval of the Ministry of Railways is necessary for retention of consultant beyond seven year term or beyond 70 years age, or for any change in the terms and conditions.

(2) Proposals for renewal of contract of such consultant in exceptional circumstances in relaxation of paragraph 235(3) & (4) above should be sent to the Railway Ministry along with the Chief Medical Director's certificate stating that the Chief Medical Director has himself examined the whole question, made all attempts to find a suitable replacement and despite best efforts, no substitute is available, for consideration on merit. In such cases the date of birth, the date of appointment, specialty and the quantum of work done should invariably be mentioned.

(3) All proposals requiring prior approval of Railway Board should be sent to the Ministry of Railways well in advance giving them at least two months time to examine the proposals.

(MOR's letters No. 63/H/7/91 dated 12th December 1963, 65/H/7/238 dated 3rd February 1966, No. 65/H/7/260 dated 27th May 1966, No. 66/H/15/69 dated 31st March 1967, No. 68/H/7/39 dated 16th September 1967, No. 66/H/15/69 dated 18th December 1967, No. 68/H/15/12 dated 23rd April 1968, No. 68/H/15/23 dated 28th May 1968, No. 70/H/6/1 dated 8th June 1970, No. 71/H/6/21 dated 2nd December 1971, No. 72/H/2/6 dated 20th February 1972, No. 75/H/2-3/30 dated 9th October 1975, No. 76/H/2-3/2 dated 26th March 1976 and No. 80/H/2-3/35 dated 6th November 1980, [No. 81/H/2-3/16 dt. 24/09/1981](#) and 95/H/2-3/12 dt. 10/09/1996 and 95/H/2-3/12 Pt. II dt. 09/07/1997 and [2002/H-1/12/55 DT 24-3-3](#))

Section G- Part-time Dentists on the Railways

239. Terms and conditions:-(1) Those part-time dentists who attend the dental clinics, **for two hours on each day**, on all working days may be granted an honorarium of Rs **3950/-** and those who attend, **for four hours on each day**, will be paid an honorarium of Rs **790/-** per month.

Note: These rates would be valid up to 31-12-05 and will be reviewed thereafter if considered necessary

(2) pass deleted [\(Rly Bd's letter no.96/E \(GR\) II/9/16 dt 20-12-02\)](#)

(3) **Maximum of five annual contracts can be entered into with part time dental surgeons engaged for two hours daily and a maximum of only three annual contracts are permissible in case of Part time dental surgeons engaged for four hour work daily. There should be a break of a few days between each annual contract**

(4) They may not be retained beyond the age of 60 years.

(5) The detail procedure regarding engagement of Part time dental surgeons is given in Railway Board's letter NO. [2000/H-1/12/27/Pt.I dt 06/10/2000](#).

(Ministry of Railway' letters No.76/H/2-3/16 dated 26th September 1976 and No. 76/H/2-1/20 dt. 27/10/1976, [No.80/H/2-1/22/pt.dt.03/11/1987](#), [No.92/H/2-1/1-A, dt.02/05/1995](#), [No.97/H/2-1/5 dt. 29/12/97](#) No 98/H-1/12/14 dt. 25/12/1998 and No.[2000/H-1/12/27/Pt.I dt 06/10/2000](#))

Section H-Other General Instructions regarding Medical Personnel

240. Attendance at conferences, congresses or meetings:-(1) A Railway doctor, like any other Railway employee, may be officially deputed to attend any conference, congress or meeting, when public interest is there by served. In such cases, the doctor concerned is deemed to be on duty during his period of absence for the purpose and may draw daily allowances on tour.

(2) A Railway doctor may be permitted by the General Manager to attend the meetings of any associations of which the doctor is a member, or any meeting of the associations to which the doctor has been invited to read technical papers. In such cases, the doctor concerned may be granted special casual leave to cover his period of absence and special Railway passes for journeys to and from the place of the meeting, but no daily allowance.

(3) A Railway doctor, like any other Railway employee, may attend, at his own request, any conference, congress or meeting when public interest is served thereby. In such cases, the doctor concerned may be granted special Railway Passes for journeys to and from the place of the meeting, but no daily allowance.

Note :- When medical officers are nominated by the Ministry of Railways to be members of the Sectional Committees set up by the Indian Standards Institution, they may draw daily allowance as per rules applicable to them, and their attendance will be treated as duty for all purposes.

(4) With the approval of The Ministry of Railways, Officers of JA Grade and above may be allowed to become members/life members of maximum of five national/international institutions/societies recognised for the purpose(not more than 2 will be international institutions). 90% of such membership fee will be reimbursed. Other officers as well as Senior supervisors in scale 6500-10500(RS) and 7450-11500 (RS) may be permitted to become members of one national or international institution/society and should be reimbursed 90% of the membership /subscription fee. In case of Senior Supervisors, this may be granted by the General Manager on case to case basis. The list of such institutions/societies is given in [annexure VIII](#) to this chapter

(Rly Bd.'s.No.[E \(G\) 90FE1-1 dt. 24/08/93](#), [E \(G\) 99FE1-1 dt. 19/03/99](#) and dt. [5/05/1999](#))

241. Purchase of Medical books and journals :- (1) Books and newspapers or other periodical non-official publications, whether published in or out of India, can be purchased, or subscribed for at the public expense with the previous sanction of the General Manager.

(2) The General Manager may re-delegate this power to lower officers. The C.M.Ds may be given up to Rs.45,000/-; The Medical Directors up to Rs 30,000/- when the hospitals are recognised for P.G. Courses and Rs. 15,000/- when the hospitals are not recognised for P.G.Courses; The C.M.Ss in the divisions up to Rs.10,000/- and the M.S s up to Rs.7,500/- per annum for the purpose. The C.M.Ss/ M.S s of production units may be given powers up to Rs.10,000/- per year.

(3) The General Manager and the lower authorities to whom he may have delegated powers in this behalf, should make their own arrangement direct with the agent or publishers for the supply of such periodicals etc.

(4) The Chief Medical Director of the Railway should draw up a list of medical books and journals for the use of hospitals and health units of different sizes under him and revise it from time to time to keep it up-to-date.

.Para49-1350 G.I., Ministry of Railways' letters No. 60/M. & H./7/34 dated 1st June 1960, No.E/62/TTC/C/13 dated 19th/20th February 1962, No. 64/H/7/149, dated 19th October 1964 and No. 66/H/7/44 dated 29th May, 1967 and [No. 93/H/4-9 dt. 20/01/1994](#)).

242. Honorarium for holding first-aid classes :- A Railway doctor holding first-aid classes for Railway employees and their family members may be allowed an honorarium of Rs.100/- for a session of at least 8 lectures, each of at least two hours of duration, as per the syllabus laid down by the St. John Ambulance Association. Such lectures should be arranged only if a minimum of 12 persons are scheduled to attend. However the honorarium will not vary with the actual number of persons attending later on.

(Ministry of Railway's letters No. E(G)62HOI/9 dated 19th/20th July 1962, No.E(G)63HOI/27dt.. 23/11/1963 and No. [E \(G\) 85HOI-1dt. 10/09/1985](#)).

243. House Surgeons :- (1) House Surgeons may be appointed in hospitals that are recognised for post-graduate training as non-teaching institutions by the Medical Council of India. The specialties as well as the number of House Surgeons that can be appointed in each specialty will be stipulated by the Medical Council of India.

(2) The terms and conditions applicable to the House Surgeons will be as follows :-

(i) The remuneration payable will be such as is admissible to House Surgeons in the Civil Hospitals of the area under the Central/State Government.

(ii) The total tenure of a House Officer should not exceed two years which may be in the form of four terms of six months each or two terms of one year each. Exception will be made, however, in the case of House Officers who are selected for and are pursuing Post Graduate course eg. DNB or Diploma of college of Physicians and Surgeons. In such cases, the tenure can be extended up to a total period of four years or till the completion of the Post Graduate course, whichever is earlier. Any extension of tenure beyond two years will be done only with the approval of DG(RHS).

(iii) No private practice will be allowed.

(iv) Free furnished (austerity) accommodation in one of the existing quarters at the recognised hospitals will be given to the House Surgeons. Two to three House Surgeons may be put up in one flat depending on the size.

(v) A Railway telephone will be fixed in the house where the House Surgeons are accommodated.

(vi) Free treatment for the House Surgeons in case of sickness will be admissible.

(vii) There will be no provision for any earned leave but casual leave up to a total of 8 days in a year will be allowed.

(viii) One set of ordinary first class complimentary pass after one year's satisfactory service will be given; available from the place of work to his home town as declared by the House Officer .

(3) The House Surgeons are to be treated as fully qualified doctors during their House Surgeonship in Railway Hospitals, except in so far as administrative powers are concerned.

(4) House Surgeons may also be appointed under the terms and conditions as referred to in sub-para(2) above in the hospitals which have been recognised for training

(5) The powers to appoint House Surgeons will be exercised by the General Managers of the respective Railways. These powers should not be re-delegated to an authority below the rank of PHOD i.e CMD of the Railways. However extension of tenure beyond two years will be done only after the approval of DG(RHS).

(6) A half-yearly Statement showing the number of House Surgeons working in the different hospitals separately should be submitted to the Ministry of Railways in the 1st week of July and in the 1st week of January pertaining to the information of the previous half-year period in the prescribed proforma as given at Annexure VI to this Chapter.

(M.O.R.'s letters No. 77/H/2-1/11 dated 11th April 1978 and No. 80/H/2-1/4 dated 11th November 1980).

244. Whereabouts of the doctors should be known :- (1) Emergency duty arrangements on a roster basis may be made for Railway doctors to enable them to avail themselves of some uninterrupted rest, but the details of such arrangements should be fully known to all concerned Railway staff so that the doctors may be contacted in an emergency without any difficulty.

(2) For this purpose, it is necessary that the information relating to the names of the medical staff on emergency duty with all relevant information like their residential addresses, telephone numbers, etc., is prominently displayed at the hospital/health unit concerned and in the Station Superintendent's Office at the particular Railway station.

(3) It is also necessary that all Railway doctors should leave adequate and correct instructions with the hospital/health unit staff or at their residence, as the case may be, regarding their whereabouts when they go out, so that they may be contracted in emergencies.

(Ministry of Railway's letter No. 66/H/13/40 dated 14th November 1966).

245. Information regarding doctors :- (1) The Railway administrations should send to the Ministry of Railways information regarding all doctors except Contract Medical Practitioners working on their Railway in the pro-forma as given in Annexure IV and V to this chapter. This information should be sent yearly showing position as on 31st December.

(Ministry of Railways' letters No. 62/H/7/144, dated 23rd October 1962, No.65/H/7/205, dated 7th February 1966, No. 66/H/15/50, dated 30th September 1966, No. 69/H/7/24, dated 26th September 1969 and No.95/H/14/5 dated 15/12/1995).

246. Medical practice by Railway employees in general during their spare time :- (1) Railway employees holding recognised qualifications in any system of medicine and registered under the relevant law in force in the State concerned but employed in posts the duties of which do not require the possession of any such qualifications, may be allowed to undertake medical practice during their spare time on a purely charitable basis provided it does not interfere with their official duties.

(2) Such permission may be given by an officer not below the Junior Administrative Grade.

(Ministry of Railways' letter No. E(D. & A.) 64GSI/5, dated 30th May 1964 and 10th November 1965).

247. Posting at unpopular stations :- Good doctors should be posted to unhealthy/unpopular stations/ regions as identified by the Railway administration.

(MOR's letter No. 76/H/2-1/21, dated 14th February 1977).

248. Utilization of services of an outside anesthetist during emergencies:-(1) *When a Railway anesthetist is not available because of the post/posts is/are vacant, or the anesthetist/anesthetists has/have gone on leave/sick, or sent on duty elsewhere out of station, the services of Anesthetist from outside may be utilized on payment of the following fees towards professional services:-

(a) Rs.800/- per case, for General anesthesia in major surgical cases including spinal and epidural block;

(b) Rs.500/- per case, for short duration general anesthesia eg. with pentothal, Ketolar etc., including General Anesthesia in minor surgical operation.

(Rly Bd.'s No.88/H/6-1/29 dt. 06/01/89 , 12/06/96 , [2002/H/23/4 dt 19-4-2002](#) and [*2001/H/23/4 dt.05/07/2002](#))

249. Re employment of retired Staff: (i) The General Managers of the Railways are empowered to re-engage retired paramedical staff on daily rate basis, as per the terms and conditions laid down in Board's letter No. E(NG)II/91/RC-3/79 dated. 18/08/1992.

(ii) It is reiterated that such arrangements may be resorted to in the rarest of the rare circumstances.

(Rly Bd's No.[E \(NG\) II/95/RC-4/1dated 29/03/1995](#))

{ See Para 222(2) }

STATEMENT SHOWING PARTICULARS OF THE RAILWAY OFFICERS/STAFF OF MEDICAL
DEPARTMENT RECOMMENDED FOR SPECIALIZED TRAINING IN FOREIGN COUNTRIES IN CONNECTION
WITH THE

40

ANNEXURE II
{ See Para 224 }

STATEMENT SHOWING THE SERVICE PARTICULARS AND QUALIFICATION ETC. OF A.D.M.O.s/D.M.O.s
HAVING POST GRADUATE DEGREE/DIPLOMA QUALIFICATION AS ON 31ST DECEMBER

Sl. No.	Name of the doctor	Date of birth/age	Present qualifications	Specialty and experience therein	Date of appointment	Seniority position on the Railway/Railways	Medical discipline/subject recommended for higher training	Railway's recommendation for a particular Specialty/fellowship/scholarship in India or abroad	Period of Training recommended
1	2	3	4	5	6	7	8	9	10

ANNEXURE III
[See Para 237 }

THE QUANTUM OF WORK DONE BY HONORARY CONSULTANTS FOR THE YEAR ENDING 31ST MARCH

Sl. No.	Name of the Consultant	Qualification	Specialty	Date of birth	Date of initial appointment	Date up to which the contract is current
1	2	3	4	5	6	7

PART II

No. of visits	Reasons for shortfall of visits if any	No. of cases seen		Average No. of new cases seen per visit	No. of operations performed	Remarks, if any
		New	Total (New and old)			
8	9	10	11	12	13	14

ANNEXURE IV
(See para 245)
INFORMATION REGARDING CADRE POSITION OF MEDICAL SUPERINTENDENTS, DIVISIONAL
MEDICAL OFFICER, ASSISTANT DIVL. MEDICAL OFFICERS.

Category	Post sanctioned				Posts vacant	Details of vacancies
	Permanent	Temporary	Leave reserve	Total		
Medical Superintendent						
D.M.O.						
A.D.M.O.						

ANNEXURE V
(See Para 245)
INFORMATION REGARDING MEDICAL SUPERINTENDENT, DIVISIONAL MEDICAL OFFICERS AND
SPECIALIST ASSISTANT DIVL. MEDICAL OFFICERS.

Name	Qualifications	Place posted and date of posting there	Specialty

ANNEXURE VI
[See Para 243]
HALF-YEARLY STATEMENT SHOWING PARTICULARS OF HOUSE SURGEONS APPOINTED ON THE
.....RAILWAY FOR THE PERIOD ENDING

Sl. No.	Name of Hospital	Name of specialties recognised	No. of House Surgeon recognised in the specialties	No. of House Surgeon appointed in the different specialties	Remarks
1	2	3	4	5	6

ANNEXURE VII
(See para 232)

List of sub-divisional & work shop hospitals approved for appointment of honorary consultants

- 1.Sub – Divisional Hospital, Andal, Eastern Railway
- 2.Workshop Hospital, Liluah, Eastern Railway
- 3.Workshop Hospital, Kanchrapara, Eastern Railway.
- 4.Workshop Hospital, Jamalpur, Eastern Railway
- 5.Sub- Divisional Hospital, New Katni Jn., Central Railway
- 6.Sub – Divisional Hospital, Tundla, Northern Railway.
- 7.Sub – Divisional Hospital, Saharanpur, Northern Railway
- 8.Sub – Divisional Hospital, Kanpur, Northern Railway.
- 9.Workshop Hospital, Jagadhari, Northern Railway.
- 10.Sub – Divisional Hospital, Gonda, North Eastern Railway.
- 11.Sub – Divisional Hospital, New Jalpaiguri, N.F. Railway.
- 12.Sub – Divisional Hospital, New Bongaigaon, N.F.Railway.
- 13.Sub – Divisional Hospital, Badarpur, N.F.Railway.
- 14.Sub - Divisional Hospital, Arakkonam, Southern Railway.
- 15.Sub – Divisional Hospital, Tatanagar, South Eastern Railway.
- 16.Sub – Divisional Hospital, Bondamunda, South Eastern Railway.
- 17.Sub – Divisional Hospital, Bhilai Marshalling Yard, South Eastern Railway.
- 18.Sub – Divisional Hospital, Sabarmati, Western Railway.
- 19.Sub – Divisional Hospital, Valsad, Western Railway.

(Railway Board's letter [No.88/H/2-3/13 dated 10/11/89](#))

ANNEXURE VIII
(See para 240(4))

List of institutions (National)

1. Institute of Engineers (India)
2. Indian National Group of the International Association of Bridges & Structural Engineers
3. Indian Geo-technical Society
4. Indian Concrete Institute
5. Computer Society of India
6. The Indian Council for Arbitration
7. Institute of Rail Transport
8. Institute of work study, India
9. National Productive council, India
10. Indian Institute of welding
11. Indian Institute of foundry men
12. Institution of plant Engineers, India
13. Institution of Industrial Engineers, India
14. Institution of Mechanical Engineers, India
15. Indian Institute of Metals
16. Institution of Electronics and telecommunication Engineers
17. Neurological Society of India
18. Indian Society of Dept. of Anesthesiology/Anesthetists
19. Indian Society of Gastroenterologists
20. The Association of surgeon of India
21. The Association of Thoracic and cardiovascular surgeons of India
22. Association of Physicians of India
23. The Urological Society of India
24. Indian radiological Association
25. Indian Society of Endocrinology
26. Indian Association of dermatologists and V.D
27. Association of Plastic Surgeons of India
28. Association of tuberculosis of India
29. Cardiological Society of India
30. Association of Otorhinolaryngologists of India
31. Indian Orthopedic Association
32. All India Ophthalmological Society

33. Indian Association of Pathologists and Microbiologists
34. Indian Public Health Association, Association of Prof. of Preventive and Social Medicine
35. Indian Academy of pediatrics
36. Indian Psychiatric Society
37. The Federation of Obstetricians and Gynecologists
38. National college of chest physicians
39. Indian society of transfusion and Immuno-haematology
40. Association of Microbiologists of India
41. Society of Biological Chemists of India
42. Diabetic Association of India
43. Indian Cancer Society and Indian Association of Oncology
44. Indian Cancer Society (Surgeons)
45. Dental Council Of India
46. All India Dental Association
47. Geriatric Society of India
48. National Institute of Personnel Management
49. Indian Railway Institute of Signal engineering and Telecommunication(IRISET), Secunderabad
50. Chartered Institute Of transport (India)
51. Institute of chartered Accountants Of India
52. Institute of costs and works Accountants
53. Institute of Chartered Financial Analysts of India, Hyderabad
54. Indian Economic Society
55. All India Management Society
56. Indian Institute Of Public Administration
57. Institute of Internal Auditors(India) an Affiliate of Institute of Internal Auditors Incorporated Florida U.S.A

List of Institutions(International)

1. Institute of Civil Engineers(U.K)
2. American Society of Civil Engineers
3. Institution of Structural Engineers (U.K.)
4. Institute of Management Services, 1, Cecil court, London Road, England
5. Middlesex Institute of Refrigeration, Kelvin House76 Mill Lane, Carshalton, Surrey
6. Institution of Electrical Engineers, Savoy place, London.
7. Institution of Lighting Engineers, Lennox House , Warwicks.
8. Institution of Mechanical Engineers, 1, Bridcage walk, London.
9. Institute of Management services,290,West minister St,Providence,.
10. American Society of Heating, refrigeration and air conditioning Engineers,91, Tullic circle, Atlanta(USA)
11. Illuminating Engineering Society of North America,345, East 47 th Street New York
12. Institute of electrical and electronics Engineers Inc 345, East 47 th Street New York
13. Institution of Mechanical Engineers (London) U.K.
14. American Railway Engineering Association
15. Institute of Production Engineers, U.K.
16. American Society of Mechanical Engineers
17. Association of Locomotive Maintenance Officers ,U.S.A
18. The Society Of Manufacturing Engineers, U.S.A
19. Institute of Electrical Engineers(London)
20. Journal of American Medical Association
21. Medical Foundation(Sydney)
22. Medical Research Council, London.
23. Medical Research council of Canada
24. Medical Society of clinical Pathologists
25. Medical Society of state of New York
26. British Medical Association , London
27. International Federation of Gynecologists.\& Obs & Family Health
28. American Association of Gynecologists, Laparoscopists
29. American Association of Immunologists
30. Association of American Medical Colleges
31. American Academy of Pediatrics
32. Surgery Gynecology and Obstetrics-Journal of American College of surgeons
33. British Orthopedic Association and the Royal Association for disability and Rehabilitation
34. Council for Post Graduate Medical Education in England and Wales.
35. Royal College of surgeons of England

36. Royal Institute of Public Health
37. Scottish Council for Post graduate Medical Education
38. Society of Orthopedic Medicine
39. Institute of Ophthalmology, London
40. International Union against Tuberculosis and chest Diseases, Paris
41. Institute of Railway signal Engineers, Room 710, Euston House, London
42. Association of American Rail Road(signal Section)30, Vesey street, New York
43. Chartered Institute of Transport(London)
44. Institute of chartered Accountants of England and Wales
45. Chartered Institute of Management Accountants(UK) London
46. Royal Economic Society (UK) London

CHAPTER III MEDICAL INSTITUTIONS

Section A - General

301. Definition of a hospital:-World Health Organization defines the term "hospital" as an institution that provides in-patient accommodation for medical and nursing care. It further elaborates the definition to cover hospitals that assume additional functions- curative, rehabilitative and preventive services-directly or in a consultative capacity, also participating in the training of personnel and in research work.

Note:- Only those beds in hospitals which provide nursing facilities as one of the basic requirements, should be considered as hospital beds for the purposes of statistical information. This should also form the basis for formulating proposals for additional beds in hospitals.

302. Criteria for opening Railway Hospitals/Health units and for increasing their bed-strength:-

(1) Health units should normally be 80 kilometers apart, and under no circumstances should this distance exceed 160 kilometers. The latter figure would enable health units to be suitably located on sections where there is large traffic or where the density of railway population is not much high. The exact location of a health unit or hospital should depend on factors such as sufficient concentration of staff at that place, its degree of isolation, availability of non-railway medical facilities in the area, and availability of funds.

(2) The bed strength of the existing hospitals may be considered for increasing suitably when the occupancy ratio exceeds 110 per cent and where every available space in the existing building has already been utilized for indoor beds.

(3) At places where there are no health units at present but the minimum daily average outdoor attendance is expected to exceed 30, a health unit may be planned. The anticipated outdoor attendance may be determined by estimating the number of railway patients of that place attending the nearest railway/non-railway hospitals/health units or by putting a mobile medical van there.

(4) Building or rooms for ancillary services, such as laboratory, dining hall, X-ray department, physiotherapy department etc., should be provided for those hospitals where there is justification for the same.

Note:-(i)The detailed procedure relating to preparation/processing of works programme of the Railways has been enumerated in Chapter VI –Investment Planning and Works Budget of the Indian Railway Engineering Code. Medical Officers should refer to these instructions while framing their proposals for Works Programme. However some general guidelines on preparation of works programme are given in [Annexure I](#) to this chapter.

(ii) Creation of any additional asset in the form of a hospital, health unit or lock-up dispensary etc. or the closing down of any such institution requires the specific prior approval of the Ministry of Railways.

(MOR's letters No. 61/M. & H./7/92,dated 3rd March 1962, No 62/H/7/2, dated /4th April1962 D.O.No.62/H/7/49, dated 30th May 1962 from Dr.L.N.Suri,D.H.,Railway Board to G.Ms.,all Indian Railways and No.76/H/3/6, dated 17th November 1977).

303. Criteria for increasing the bed-strength of a Hospital:- (1) All proposals for increasing the bed-strength of a hospital should be subjected to the following evaluation:-

(a) for the month preceding the month during which the evaluation is undertaken (as per the discretion of the C.M.D.), a list has to be made out of all patients admitted to the hospital in question giving the following details:-

- (i) Serial Number.
- (ii) Name.
- (iii) Age.
- (iv) Sex.
- (v) Disease.
- (vi) Date of admission.
- (vii) Date of discharge.
- (viii) Place of residence
- (ix) Place of work & designation.
- (x) If operated, date of operation.
- (xi) Place wherefrom referred (in case of referred cases).

(b) Thereafter, about 5% of these cases have to be picked up at random by applying the Fischer's Table.

(c) These sample cases are to be gone into minutely and critically by calling for their complete case papers by the C.M.D. himself, to see:-

(i) If it were really necessary for all those cases to have come to the hospital.

(ii) If they could not be disposed of at the periphery by developing facilities there.

(iii) If a few could not have been admitted in a nearer hospital even if it were necessary for these cases to have been referred to.

(iv) If some of them could not have been discharged earlier with better discharge notes for a good follow-up in the OPD/Health Unit.

(v) If the stay could not have been made shorter by quicker investigation, better diagnosis and active treatment.

(d) If a systematic appraisal, as indicated above, shows even a very small number of cases which should not have been admitted, the significance is enormous. For example, if the number of cases admitted per month is 1,000, 5% of the same would require a detailed examination, viz., 50 cases. Even if one case out of these 50 random cases proves to be a case, the admission of which could have been avoided, it would mean there are 2% of such cases. In 1,000, therefore the total would come to around 20 such cases, by no means negligible.

Note:- By going through the list as given in sub-paragraph (1) (a) above, particularly items (v),(viii), (ix) & (xi), it may be possible to find out if a certain disease is endemic in a certain area and if it is advisable to take special preventive steps or create suitable facilities there to bring down the number of such references.

(Ministry of Railways' letter No. 77/H/3/1/, dated 22nd July 1977).

304. Provision of consulting rooms at the residences of Railway doctors:-(1) In case of such of the Railway doctors only as are allotted quarters at a distance from health units or hospitals, the Administration may provide properly equipped consulting rooms at their residences for dealing with emergency cases and may bear the rent for such accommodation as also the electricity and water charges therefor.

(2) The scale of equipment, the extent of remission of rent, and the electricity and water charges should be settled by the Railways in each case in consultation with their Financial Adviser and Chief Accounts Officers.

(Ministry of Railways' letter No.60/M. & H./12/4, dated 9th October 1961).

305. Equipment for Hospitals.-The type of equipment should vary with the size of the hospital, facilities offered and should be as per the instructions issued from Railway Board from time to time.

306. Air conditioning of Hospitals:-The following units of a Railway hospital may be provided with air-conditioners if and when the funds permit.

Operation theatre suites (exclusive of central sterilizing rooms and store rooms), recovery rooms, children's ward and nursery, a small percentage of the total bed strength of the hospital for serious cases. X-ray rooms and developing rooms, labour rooms, laboratory and one consultation or examination room at one major hospital preferably the headquarters hospital of each Railway for common use by attending medical officers for examining such of the cases as would merit the use of an air-conditioned room.

(MOR's letters No.61/Elec./115/4, dated 1st May 1964 and 6th September 1966)

307. Prevention of radiation hazards in the radiology department:-The medical officer in charge of the radiology department shall take necessary steps to prevent radiation hazards. Besides refinements in the technique, the following steps shall be taken:-

(i) Staff of the radiology department should avoid exposure to radiation as far as possible by standing behind protective screen while taking radiographs.

(ii) They should use protective devices like aprons, gloves, etc., when exposure cannot be avoided as in screening.

(iii) All staff of the radiology department should be monitored with film badges provided by the Atomic Energy Establishment and suitable action taken as advised by them.

(iv) Where repeated over exposures are noticed, investigation of the source should be undertaken in collaboration with the Atomic Energy Establishment and any instructions given by them regarding X-ray Department and the staff should be strictly followed..

(v) All staff exposed to radiation should have total R.B.C.and W.B.C.count, Hemoglobin percentage and the differential white cell count done once in three months.

(MOR's letters No.60/M. & H./7/69, dated 22nd/23rd July 1961 and, dated, 17th February 1962)

308. Hospital Visiting Committees.- Hospital Visiting Committees may be formed on the railways to provide patients with amenities not normally provided under the rules.

(MOR's letter No.60/M. & H./7/108, dated 18th May 1961)

309. Hospital Advisory Committees.- (1) These Committees shall be formed at Railway hospitals wherever convenient.

(2) The Committees shall consist entirely of ladies. As far as possible, the members of the Committee should be wives or other dependents of the Railway employees. The Medical Officer in charge of the hospital may in addition invite ladies not connected with the Railways but interested in social and voluntary hospital work to serve on these Committees.

(3) The Committee will ordinarily consist of not less than four members and not more than eight.

(4) The membership of the Committee will be by invitation.

(5) The Committee will elect its president and secretary from amongst its members.

(6) The members or the office-bearers of the Committee will not be paid any remuneration or honorarium. The members of the Committee are however allowed to use the Railway staff car free of charge for journeys connected with their duties as members of the Committee.

310. Functions of the Hospital Visiting/Advisory Committees:-(1) The Hospital Visiting/Advisory Committees shall advise the hospital authorities on-

(a) the nature of amenities which should be provided in the hospital;

(b) The arrangement in the wards of the hospital in order to improve the appearance of the wards, e.g., presentation of a shield for the best kept ward;

(c) the ways to make the patient's stay in the hospital both pleasant and comfortable;

(d) the preparation of menus of the hospital diet taking into consideration the medical aspect of diet; and

(e) the methods to bring about other improvements in the services provided by the hospital.

(2) The Hospital Visiting/Advisory Committees will enquire after the well being of the patients and assist them by bringing their social difficulties to the notice of the hospital authorities.

(3) The Hospital Visiting/Advisory Committees will have purely advisory functions and no executive authority. They will, however, be expected to do voluntary social work in the hospital and its clinics.

Section B-Returns

311. Returns:-(1) The Railway hospitals and health units are required to submit various returns etc.as follows:-

(A) Monthly:-(i) The health units and the outpatients department of hospitals are required to submit information in the proforma as given in section A of the Monthly Statistical Return (Medical) as circulated under Ministry of Railway's letter No.64/H/7/34, dated 23rd/26th April 1966, as amended from time to time, directly to the Chief Medical Director. A copy of the return from the health unit should, however, be routed through the CMS/MS of the division, who, before submitting the copy to the Chief Medical Director, should furnish his observation on special features, if any.

(ii) The hospitals are required to submit information relating to the different section of the hospital, as well as the various special clinics under them, in the proforma as given in Section B to L of the Monthly Statistical Return (Medical) as circulated under Ministry of Railway's letter referred to in the previous sub-para, directly to the Chief Medical Director.

(iii) Further compilation and analysis of the data is to be undertaken in the office of the Chief Medical Director.

(iv) All in-charges of Production Units/Divisional hospitals/Central hospitals should send M.C.D.O every month to their respective C.M.Ds. The chief Medical Directors should send M.C.D.Os to the DG(RHS) every month as per the proforma. C.M.S/M.S in charge of Production Units should also send a copy of their M.C.D.Os directly to the DG(RHS).

(B) Annual:- The proforma in which the General Manager's Annual Narrative report (Medical Section) should be prepared, and submitted to the Ministry for information, is as given in Annexure III to Ministry of Railway's letter referred to above.

(C) Others:-(1) Statistical returns which are required to be submitted to different authorities like the local and state authorities, the central government and the international agencies like W.H.O.etc., are required to be compiled in the office of the Chief Medical Director, and forwarded to the authorities concerned.

(2) The Chief Medical Director may also prescribe, keeping in view the local conditions, a restricted number of the other periodical returns, e.g. in respect of imprest cash, loss of railway property, first-aid boxes and inspection reports of the accident relief medical equipment, etc.

(3) Certain items of the statistical data referred to in the preceding paras should be exhibited in a standardized graphic manner and should be available in each health unit and hospital in order to provide a ready visual means of assessing and appreciating the work of a particular health unit or hospital, and the health problems confronting it.

(4) Besides exhibiting the graphic representation of certain selected statistical data on boards hung up on the walls, a graph book should also be maintained at every health unit and hospital in kalamazoo or similar binder so that it becomes a permanent record of information regarding that particular health unit or hospital. The graphic representation book will also help in any epidemiological research or study that may be undertaken at any time.

Note: All returns should be analyzed at every level and appropriate remedial action should be taken with an aim to improve the performance.

(Ministry of Railways' letters No.64/H/7/34 dated, 23rd/26th April 1966, 14th October 1966 16th August 1967 and 16th October 1967)

Section C- Boards and Notices

312. Display of boards and notices :-(1) The boards and notices as indicated below should be displayed in the various medical institutions. In addition, some more boards and notices may have to be exhibited to suit local conditions, as also to satisfy statutory obligations.

- | | | |
|---|----|---|
| (i) Sign board of the hospital/health unit | .. | At the main gate. |
| (ii) Notice board | .. | In the verandah. |
| (iii) Working hours of the hospital/health unit | .. | In the verandah of the out-patients department. |
| (iv) List of staff on duty | .. | At some conspicuous place in the verandah of the out-patients department. |
| (v) Complaint /Suggestion Box | .. | At some conspicuous place. |

Note :- (1) The sign board of the hospital/health unit should be written in bold block letters(both in Hindi and English.

(2) The notice board should be of sufficiently large size to permit display of circular for the information of the staff.

(3) Complaint boxes are to be maintained at each hospital/health unit at an easily accessible place into which any employees may drop his complaint/Suggestion duly signed and bearing his complete address. The key of the box will be kept by the Medical officer in charge of the hospital/health unit who will open the box when he visits the hospital/ health unit and after entering the complaint in the register, the complaints with the remarks of the Medical Officer in charge of the Hospital/Health unit in respect of the facts as ascertained by him will be forwarded to the Chief Medical Director, to enable him to decide what action, if any, should be taken. Minor complaints can, however, be disposed off on the spot by the Medical Officer in charge of the Hospital/Health unit.

(2) Boards regarding prohibition of smoking in Hospitals, dispensaries etc.,(a) In order to protect non smoking public from hazards of passive smoking at least in public places where large number of people are expected to be present for prolonged periods, it has been decided to prohibit tobacco smoking to start with in a few selected places namely hospitals, dispensaries and other health care centres.

(b)In every room of the office or institution a Board having the following words may be displayed in Hindi and English

“ NO SMOKING”

(c)Similar Board should be displayed on the wall outside every room of the institution or office, if there is ample vacant space available for eg., Corridor, Out Patient Department etc.,. Such boards should be displayed at a distance of every 3 Metres and at a minimum height of 1.5 meters.

At every entrance of the building and also at the entrance of the compound of the building the following words should be displayed prominently in Hindi and English with suitable visuals

“ SMOKING STRICTLY PROHIBITED INSIDE THIS BUILDING AND COMPOUND ”

(G.O.I's.O.M.No [27/1/3/90-Cab.dt.07/05/1990](#)-DG(RHS)D.O.No. [88/H/16/49 dt.09/05/90](#))

Section D- Fire Fighting

313. Fire Precaution :- In addition to the precautions that one is normally expected to undertake for prevention of fire, hospital personnel have to take special care in respect of inflammable materials like methylated spirit, X-ray films, etc. where such materials are handled. Care has also to be taken to see that no leaking plug points, etc. are nearby.

314. Local instruction to Staff regarding fire fighting:- All staff of hospitals/health units i.e., nurse, pharmacists, clerks, cooks, chowkidar, sweepers, etc. should be instructed as to how they should speedily remove the patients if necessary, and how to extinguish the fire by all available means. Special instructions should be given in Hindi or the regional language to Group D staff. They should all be instructed how to handle the effective extinguishing agents, viz., water, sand, and fire extinguishers of all types.

315. Instructions of Medical Officers in charge regarding fire:- Medical Officers in charge should also draw up, for each hospital or health unit under their control, the procedure to be adopted in case of fire breaking out, apportioning the duties of each member of the staff.

316. Fire Orders :- (1) Any individual discovering an outbreak of fire will take all necessary steps to quench the outbreak, without causing alarm, if it is in his power. Should the outbreak be beyond his control, he will give an alarm by means of specified signal.

(2) On receipt of the alarm, a Medical Officer or any other responsible person will inform the fire brigade, if there be any.

(3) He will inform the Medical Officer in charge, R.P.F. and Govt. Railway Police. The hospital staff will be organised in two parties. viz.:-

(a) One to remove the patients and Railway property from the place of conflagration; and

(b) The other to extinguish fire and prevent its spread.

(4) Party No. 1 will-

(a) remove all helpless patients to a place of safety on stretchers, backs and hand seats, etc. as the condition of the patient and the circumstances warrant.

(b) utilize all able-bodied patients in removing the patients and the Railway property to a place of safety.

(c) remove inflammable drugs, tinctures, etc. first, lest they should catch fire.

(d) collect hospital/health unit records, surgical instruments, portable special medical appliances and other portable equipment like clocks, etc., in bed-sheets and remove to a place of safety instead of attempting to remove them to almirahs, and

(e) remove bulky articles, or articles of lesser value, or such articles which are less likely to be damaged by fire, last of all.

(5) Party No. 2 will-

(a) switch off the electric current.

(b) use fire extinguishers.

(c) draw out water from the nearest taps/wells and throw water on the fire, and

(d) take necessary action in handling the patients whose clothes might have caught fire like laying them flat on the ground and covering them with blankets, etc.

317. Fire drills:- Fire drills according to these instructions and according to local instruction issued by the Medical Officer in charge, should be practiced once a month under personal supervision of either the Medical Officer in charge or a Medical Officer nominated for the purpose and recorded in a register. At the time of their periodical inspections of hospitals and health units, Medical Officers in charge should see that the rules are displayed at conspicuous places and they should satisfy themselves that the instructions are observed and that the staff are aware of their duties when fire breaks out.

Section E-Preservation of records

318. Preservation of records related to medical department: Various records of the hospitals and Health units may be preserved as under :

Particulars of records.

Period of preservation

1) Tour programmes.	One year
2) duplicate slips of prescription.	One year
3) Prescription registers of indoor patients.	Two years
4) Inspection reports of refreshment rooms, food vendors, stalls etc.	Two Years
5) ARME/First Aid Boxes inspection reports.	Two Years
6) Registers of vaccination/inoculations.	Two Years
7) Office copies of inspection reports on Hospitals & Health Units.	Three Years
8) Office copies of reports of infectious cases and deaths	---Do---
9) Works programmes/M&P programmes.	Five years
10) General correspondence files.	--- Do---
11) Ordinary X-ray plates.	---Do---
12) Medical Examination records of Members of Railway Claims Tribunals	---Do---
13) Bed-head tickets/Temp.charts/OPD tickets of patients reporting sick	Ten years
14) Sickness, Continuation sickness & fitness Certificates	---Do---
15) Sick / Duty certificates.	---Do---
16) MMR of candidates and X-ray plates pertaining to chest clinic	Fifteen years.
17) Medical Board reports.	---Do---
18) Invalidation certificates.	---Do---
19) Initial Medical examination.	Thirty years
20) Periodical medical examination.	---Do---
21) Files of circular letter on policy matters	Permanent
22) Accident reports.	---Do---
23) Birth Registers.	---Do---

- | | |
|---|--------------|
| 24) Death Registers. | -----Do----- |
| 25) Death certificates. | -----Do----- |
| 26) Medico Legal case reports. | -----Do----- |
| 27) X-ray plates of Medico Legal cases. | -----Do----- |

A strict compliance is necessary in this regard for the sake of uniformity.

(Railway Board letter No.[92/H/16/9, dated 12/1993](#)and No.94/H/5/8 dt. 01/12/94)

ANNEXURE I

(See Para 302)

Guidelines on works programme

1. Ministry of Railways during every 5-year plan advises the Zonal Railways the proposals to be initiated by the Railways to fulfil the plan objectives, subject to availability of funds. At the zonal level, for the medical Department, the CMD depending upon statistical returns and discussions with various unit heads should decide where the assets are to be provided on priority basis to various divisions.

2. Divisions should then formulate the proposals along with detailed justification, recurring expenditure including abstract of staff, with a sketch plan, duly vetted by Associated Finance and submit the proposals through the DRM or where they themselves are independent heads to CE (Planning) endorsing a copy to CMD by 30th April.

3. The Chief Engineer of the Railway will be primarily responsible for ensuring that the proposals prepared by the various departments are complete in all respects and are correctly prepared. He will also fix the overall priorities within the ceiling given by the Board in consultation with the General Manager and other Heads of Departments. He will be responsible for the preparation and timely submission of the Preliminary and the Final Works Programme.

4. In or about June/July each year the Railway Board should convey to each Railway, in respect of each plan Head, the total outlay within which the Works Programme should be framed by the Railway. On receipt of this financial ceiling the Railway Administration should take stock of the schemes already formulated and those under considerations and select for inclusion in the Works Programme within the financial ceiling such works as are expected to yield the maximum benefits to the Railways, preference being given to the works in progress. Further necessary changes in the investment schedule may be made in order to work within the financial ceiling for the year such modifications being taken note of in framing the Preliminary Works Programme and revising the financial implications, if necessary.

5. The Railways should submit to the Board the Preliminary Works Programme for the following year by 1st week of September or such earlier date as prescribed by the Board.. Proper financial appraisal of each work should be given in the Preliminary Works Programme together with the comments of the Financial Adviser and Chief Accounts Officer.

6. The project cost should be based on firm data both as to quantity and rates at current price levels and should any increase occur in prices during the period intervening between the initial preparation of the project estimate and its inclusion in the works Programme, the estimate should be updated taking into account any significant changes in the wages and material prices as well as increase in freights and fares. No other increase, such as on account of change in the scope of the project, should be allowed without prior reasons being adduced for acceptance by the Railway Board. Sketch showing the proposal should accompany each proposal.

7. In deciding the outlays for the various works, Railway Administration must endeavor to process all works in progress speedily and bring them into use at the earliest possible date. A work which has been sanctioned and for which funds have been allotted for in the original or supplementary budget of a year should be treated as a work in progress for the next year and provided for as such in the programme.

8. The Railway Administration should make a realistic assessment of the amount required for each work in progress and necessary provision should be made for it in the works programme. In estimating the provision for works during the budget year a generous allowance be made for those delays in execution which though unforeseen are known from experience to be so liable to arise particularly prior to inception and during the initial stages of the large projects. The provision made should take into account adjustment on charges connected with the project.

9. In exhibiting the outlay for the current year against individual work in the works programme, the outlay should be as per pink book and in exceptional cases where the Railways propose any substantial increase in the outlay with corresponding reductions against other works such revised outlay may be shown separately in brackets below the outlay as furnished in the pink book duly explaining the reasons for doing so in footnotes at the appropriate places. As far

as possible only the last sanctioned cost should be exhibited. Where it is visualized that the cost would involve an excess over the last sanctioned cost effective steps should be taken well in time to have the revised estimates prepared and sanctioned by the competent authority before the works programme is sent to the Board. In case where the revised estimates are sanctioned subsequent to the dispatch of the final works programme but before the end of January of the following year the, same should promptly be advised to the Board to enable the latest sanctioned cost being exhibited in the pink book to be circulated along with the budget. In all cases of the revised cost sanctioned by the Board, reference to the letter of sanction should invariably be indicated.

10. Works once introduced through a works programme and taken up after the estimates have been sanctioned by the competent authority should continue to be included every year till they are finally completed, except in cases where the works have reached the completion stage and where funds required are meager and could be found by reappropriation.

11. The items in the work programme should be grouped under the following categories

1) New works.

(2) Works in progress.

(3) Works approved in earlier years which have not been actually commenced and on which no expenditure has been incurred till 30th June of the year previous to the programme year.

4) Works approved in earlier years but estimates for which have not been sanctioned by 30th June of the year previous to the programme year.

12. After having examined the individual Railway's programme and discussion with the general managers, the Railway Board will decide the works which should be undertaken during the following year and which should be included in the final works Programme. The Railway Administration will then modify their works Programme as a result of the Boards decision and send their final works Programme to the Railway Board by the stipulated date.

CHAPTER IV

Medical Stores and Equipment

401. Standard Pharmacopoeia:- A pharmacopoeia, "Indian Railway Pharmacopoeia" is in use on the Railways which provides a broad pattern to be followed by the Railway medical institutions. The details as to how to make use of the pharmacopoeia are given in the pharmacopoeia itself.

402. Procurement of stores from Public Sector Undertakings :- For procurement of medical stores, preference should be given, other things being equal, to the products of the public sector undertakings.

(Ministry of Railway's letter No. 71/H/2/6 dated 15th May 1971.)

403. Check of medical stores.- All stores received by the medical department, irrespective of the source of supply of such stores, and irrespective of whether the stores have already been checked or not, should be subjected again to at least a test check before admitting them in the stores godowns of the medical department. Such test checks should be exercised on small representative quantities and should include visual examination and check of dimensional accuracy with reference to contract description.

(MOR's letter No. 69/H/2/9 dated 5th August 1969)

404. Additions/replacement of equipment in Railway hospitals and health units.- (1) Apparatus and appliances for Railway hospitals and health units on additional account or replacement account should be procured by including them in the machinery and plant programmes when they cost more than Rs.100,000/- each. .

(2) **Machinery and plants programme:** Machinery and Plants Programme is dealt by Mechanical Department, being nodal branch for its compilation and issue. Detailed instructions for preparation of M&P Programme are contained in Chapter XV of Indian Railway Code for Mechanical Department(work shops). Guide lines for preparation of M&P Programme are also issued from time to time Mechanical Directorate of Railway Board.

(a) While preparing the proposal under M&P, detailed justification, estimates of costs based on present day quotation should be indicated, the provision for other charges such as freight, insurance, installation and commissioning, D&G charges and customs duty wherever applicable should be correctly made. The proposals should be got vetted by associated finance and submitted to CMD, who, depending upon the statistical returns and discussions with various unit heads decides the Machinery and Plants to be provided on priority basis to the various divisions, and will consolidate and pass on the proposals to CME (Planning) for inclusion in the M&P Programme after HQ finance concurrence. It may be noted that "having completed" the codal life by a certain machine does not necessarily justify its replacement. The condition of the machine, its uneconomical repairs should form the basis of its replacement, also the justification should indicate the jobs undertaken and the workload of the machine. The total number of similar machines available and the shortfall in the capacity may also be indicated.

(b) All items costing from Rs. 5 lakhs to Rs.50 lakhs should be grouped under lump sum items and those costing Rs. 50 lakhs above should be itemised and shown separately.

(c) The new proposals duly vetted by the FA&CAO should be sent to Railway Board by 30th of September.

(d) Once the item is sanctioned in M&P, the zonal hospital/divisional hospital should process for procurement without any delay. The requisition/material schedule with quantity vetting from associate accounts, with clear specifications and a list of likely supplier or Proprietary Article Certificate(PAC) in case of single tender should be sent to the Controller of Stores through CMD.

(e) M&P items costing not more than 5lakhs each on "Out Of turn basis" can be procured under GM's power subject to the funds provision made under the lump sum head.

(3) When such apparatus and appliances cost less than Rs.1,00,000/- each, they are chargeable to Ordinary Revenue and should be provided under Demand No. 5(ordinary Working Expenses Repairs and Maintenance). If the cost of an item of medical equipment exceeds Rs.20,000 and cost of an item other than a medical equipment exceeds Rs.10,000, it should be sanctioned by the Head of the Department, who will exercise this power in consultation with the F.A & C.A.O.

(Ministry of Railway's Letter [No.F\(X\) II/95/ALC/2/Pt1 dt.05/09/95](#))

(4) Keeping in view of arrears of throw-forward of the old sanctions, the department should critically review all items of M&P sanctioned in the previous five years, which have not been procured so far. The results of such review should be sent to Railway Board latest by 30th September of every year. The review should also furnish the latest and detailed status of the procurement. 'Under Process' statements should be avoided.

Replacement of all such apparatus for Railway hospitals and health units, irrespective of their cost, should be provided under demand No.5 (Ordinary expenses-Repairs and maintenance).

Note.-(1) In the case of production units for which revenue demands are not available, replacement of equipment for Railway hospitals and dispensaries, irrespective of the monetary limit, as also items on additional account costing not more than Rs.25,000 should be charged to WMS which should be cleared as an element of on-cost by distributing the expenditure under appropriate overhead charges to the various items of production turned out by the Production Units.

Note (2).- Such items which do not fall under the category of apparatus and appliances (eg. ambulance vans) should be charged to Capital/DF2 or DRF depending upon whether they are on additional or replacement account as the case may be, and should be processed through the Machinery and plant Programme.

(Ministry of Railway's letter No. 77/M (M & P)/1063/7/VI dated 8th September 1977).

405. Procurement of hospital diet articles:- (1) At places where departmental catering exists, efforts should be made to arrange the supplies of various raw materials through the catering department which should be requested to raise the necessary debits against the hospital for the supplies taken from the stock of the catering department.

(2) At other places, where the catering department is not able to arrange supplies, the purchase of provisions and various articles of diet may be through the agency of contractors, which should be on an open tender basis. In such cases, however, it is necessary that the Railways scrutinize the tenders properly and keep a proper watch on the execution of such contracts, specially bearing in mind the following points -

(i) The reasonableness of the rate of each individual item should be considered carefully before acceptance:

(ii) The assessment of quantities should be as realistic as possible:

(iii) In the case of items with accepted prices that are very high, the bill passing officer should be specially cautioned so that abnormal increases over estimated quantities are watched and investigated and wide deviations in the actual monthly payments allowed from time to time against the originally estimated value of such items of the contract are checked, and action considered necessary taken.

(Ministry of Railway's letter No 61-B(C)-N/27 dated 1st March 1962, No.63-TGII/6 dated 13th September 1963 No. 65/H/7/218 dated 1st November 1965. No.68-TGII/6 dated 23rd February 1968 and No.67/H/10/9 dated 23rd March 1968).

406. Stamping of medical stores:- To avoid pilferage and misuse, all medical stores received by Railway hospital/ health units should be stamped with a rubber stamp showing the name of the Railway and the Department and the date of receipt. The stamping should be made both on the carton and on the bottle/ampoule/vial. Similarly, all instruments and furniture should be stenciled with the initial of the Railway concerned viz.. "Central", "Eastern", etc.

(MOR's letter No.67/H/2/7 dated 28th January 1969).

407. Maintenance of Register:-(1) The following Register of stores shall be maintained in all health units and hospitals:-

- (a) Day Book of Receipt of Medical Stores.
- (b) Stock Register of Medicines and Medical Stores.
- (c) Consumable Stores Register.
- (d) Tools and Plant Register.
- (e) Expendable Tools and Plant Register.

(2) All stores received in the stocking units are to be accounted for in one of the Registers mentioned in (b) to (e) above. In order to facilitate cross checking and to ensure that all items received are accounted for, it is necessary that a certificate should be endorsed on the Issue Notes/bills from the firms and the indent copies received along with supplies to the effect that "the material has been correctly received and taken into account and accounted for in Folio No.....of..... Register".

(3) The debit will not be accepted by the Accounts department and the bills will not be passed without this certificate.

(4) A few pages of each Register should be earmarked for indexing the items showing the serial number, name of the stores and folio number, alphabetically.

(5) Day Book of Receipt of Medical Stores:- In order to keep a watch over the various kinds of stores that are received, and also to ensure that these are accounted and debit accepted for each, it is necessary to maintain a day-to-day register to be called the "Day Book of Receipt of Medical Stores", or simply, the "Day Book" (specimen attached under [Annexure I](#) to this Chapter). All the receipts of medical stores should be recorded in serial number date-wise.

(6) This book will be in addition to the Stock Register and other Registers which are described below. While posting the receipts from the receipt vouchers into the Stock Register, a reference to the folio number of the Register should be entered in the receipt voucher as well as in the Day Book to facilitate checking.

(7) Stock Register of Medicines and Medical Stores:- This Register should contain details of receipts and issues of drugs, injections etc. It should be maintained, in the prescribed form as given in [Annexure II](#) to this Chapter. It will be called the "Stock Register of Medicines and Medical Stores", or simply the "Stock Register". All the items should find a place alphabetically. Each item should have a separate ledger page. As and when each item is received, the quantity received is entered on the receipt side showing Challan Number and Date, Name of the party from whom received etc. As and when any quantity of the item is issued, it would be entered on the expenditure side with issue Voucher Number and Date, party to whom issued, etc. The A.D.M.O/D.M.O in charge of stores will periodically check his balance in the Register with actual stock on hand and see that they tally. The difference, if any, should be reported to the CMS/MS of the division for necessary action. The C.M.S./M.S should do a random check of items of this register during his inspection. The expiry date of drugs should also be recorded as referred to in [Para 412 \(1\)](#).

(8) Consumable Stores Register:-This contains all consumable stores like stationery, sanitary articles like phenyle, etc. The procedure for maintenance of this Register is the same as for the stock register.

(9) Tools and Plant Register:- This register is to be maintained in the prescribed proforma as given in Annexure III to this Chapter. All items of "dead stock", viz.. plant machinery, furniture, fixtures, instruments, utensils, cutlery, etc., should be brought under this Register.

(10) Each independent holder of such materials shall maintain this Register showing alphabetically each item. The pages of each Register will be numbered and separate page or pages should be allotted for each item. An index should be prepared showing the contents and the page number on which each item will be found. Where justified by the number of items two or more Registers should be maintained to cover different groups by classes as (a) surgical instruments and appliances, (b) furniture and equipment etc. The distribution of these items in various places in the hospital or the health unit should also be indicated in the Register as this will make it easy for the inspecting officers and the stock verifier to check them.

(11) Each item should have a clear and detailed description. The following details should also be entered against each item :-

- (i) Date of receipt,
- (ii) Source of supply and voucher number, and
- (iii) value.

(12) All articles, whether received on capital or revenue account, should be entered in this Register. Whenever any article is condemned, returned to stores, or otherwise disposed off, it shall be entered as an issue, and a reference to the advice note under which has been returned, issue note under which it has been transferred or write off statement under which its write off has been sanctioned, should also be given.

(13) Each holder of Tools and Plant Register shall check his Register annually with the actual stock on hand and certify to this effect on the first page of the Register. Any surplus items will be taken on the

register, and any shortages, should be explained. Besides this self stock verification, CMS/MS of the division will do a random verification during his inspection. The Finance branch deputes a stock verifier to conduct verification once in two years. Every such ledger holder will submit once a year to his CMS/MD/MS a statement showing the variations in the Tools and Plant Register.

(14) Expendable Tools and Plant Register :- There are certain items of tools and plant which are not durable or are fragile in nature, and as such have to be replaced from time to time. If these are included in the Tools and Plant register, frequent entries may have to be made in that Register. To avoid this, a separate register is to be maintained for such articles in the same proforma as for the Tools and Plant Register, and is to be called an "Expendable Tools and Plant register". The mode of entries like receipts and issues will be the same as for the Tools and Plant Register.

The following will find a place in this register :-

Rubber goods	..	..	Gloves, ice bags, hot water bags, catheters.
Pewterware	..	..	Ink pots, inhalers,
Enamelware	..	..	Bed pans, kidney trays, irrigation cans, basins, trays etc.
Surgical	..	..	Needles for syringes, surgical needles, surgical blades, etc.
Conservancy stores	..	..	Buckets, mugs, iron pots, latrine pans, night soil drums, metal dustbins, drain cleaning tools like bamboo poles, brushes, mops, etc.
Linen and hospital clothing	..	..	All items of linen and clothing like bed-sheets, counter-panes, blankets, draw-sheets, mattresses, pillows, mosquito-curtains, table cloths, towels, other items of uniform and clothing of staff like pyjamas, dhoties, aprons, shirts, etc.
Glassware	..	..	Funnel glass, measure glass, bowls glass, Petri dishes, pipettes, microscope slides, test tubes, glass stirring rods, syringes, thermometers, urinal glasses, nozzles etc.
Crockery	..	..	Plates and dishes, cups and saucers, jugs and pots, and other similar breakable items.

Note :- (1) The title of the various registers and the heading : " RailwayDepartment," as shown in the annexure may be printed only on the front cover of these register concerned and not on every page.

(2) At the divisional head quarters, the system of maintaining individual numerical ledger cards in Cardex (specimen given in [Annexure IV](#) to this Chapter) in place of the various register may be introduced for easier accountal. Similarly, the system of Bin-cards (specimen given in [Annexure V](#) to this Chapter) can be introduced at all health units and divisional stores for correct checking.

(MOR's letter No. 67/H/2/7 dated 28th January 1969.)

408. Handling of the drugs & medicines :- (1) The hospital Store-keepers/Pharmacists will actually handle the drugs and keep the keys. They will maintain ground balance, keep records and make indents and issues under the orders of the doctor in-charge. The doctors will be in overall supervision. They will keep a watch on the trends of expenditure and will exercise such control as is necessary to ensure correct usage of drugs.

(2) The requirements of the compounding rooms and various other units of the hospitals, such as the wards, operation theatres, etc. will be issued once weekly/fort-nightly on "as required " basis.

(3) The Stock Register should be properly maintained as detailed in para 407 (7)

(4) A detailed account will be kept of all nominated medicines. The nominated medicines need not be costly items; they could include potentially dangerous drugs, etc., to be decided by the Chief Medical Director, who may use his discretion to decide on "Nominated Items". A duplicate slip of the prescription of the nominated items should always be issued by the prescribing doctor and such slips preserved, in chronological order, in the concerned sub-stores for two years to enable the departmental and Accounts inspection staff to check up the postings in the Stock Registers. For other medicines, only daily totals of the expenditure and the balance will be struck.

(5) In respect of the medicines supplied to the line doctor for his medicine bag, he should make a mention of the quantities of medicines issued to his patients in the register of attendance which he maintains.

(6) The doctors, other than line doctors need not normally be issued with medicines other than emergency drugs. Where, however, a doctor undertakes to give routine injection to patients at home, accounting would not be needed for emergency drugs.

(Ministry of Railways letters No. 67/H2/7 dated 28th January 1969, No. 67/H2/7 dated 30th October 1971, No. 7/H/2/21 dated 24th November 1971, No. 67/H/2/7 dated 15th May 1972 and No. 74/H4/7 dated 21st June 1974.)

409 . Breakage and condemnation of unserviceable articles :- Due to normal wear and tear, many items become unserviceable. A list of such articles is to be maintained in a "Condemnation register" by the stock-holder. Such articles are usually collected and kept and put up to the Medical Superintendent/C.M.S/M.D periodically during his inspection and condemned as unserviceable. The Medical Superintendents/C.M.S/M.D are authorised to condemn articles up to a certain value in each case on the individual Railways. For things of value of over the Medical Superintendents/C.M.S/M.D powers the Chief Medical Director's orders should be obtained in each case. The Medical Superintendent/C.M.S/M.D will, after condemnation, get the articles of no return value destroyed in his presence. Those that are likely to fetch any value will be dispatched to the concerned Stores Depot.

(Ministry of Railways letter No. 67/H/2/7 dated 28th January 1969)

410. Life time of medical equipment: The normal life of medical equipment will differ from item to item. The duration for which an equipment can be used without any repair or with only minor repair, is considered to be the normal life. The normal life of different machines is suggested as below:

Sr.No	Name	Normal Life in Years
1.	ECG. Machine	3
2.	Cardiac Pace maker	3
3.	Cardiac Monitor	5
4.	Other Electronic Equipment	5
5.	Laparoscope	5
6.	Bronchoscope	5
7.	Laryngoscope	5
8.	Operating Microscope	5
9.	Ambulance	5
10.	Sterilisers	10
11.	X-ray Machines	10
12.	Portable X-ray machine	10

The sophisticated equipment generally do not work efficiently after repairs. Rapid advances in Medical Equipment are taking place and so the old models are to be replaced by the new ones, usually after a period of 3-5 Years.

Servicing of sophisticated medical equipment should be done by manufacturing firms or by the reputed servicing agencies on the basis of service contract and spare parts may also be purchased according to the advice of the firm at the time when equipment is purchased. A history card for costly medical equipment should be maintained as per Annexure VI to this Chapter. A log book for repair of medical equipment should also be maintained as given in Annexure VII to this chapter.

(Bd.'s [No.84/H/27/34 dt.26/02/86](#))

411. Disposal of surplus articles. :- (1) Where items of serviceable medical equipment are rendered surplus in any health unit or hospital, they may be put up to the Divisional Medical Officer/Medical Superintendent/C.M.S/M.D., who, if he feels that he can utilise them in any other health unit or hospital in his own division, will cause them to be transferred to that health unit/hospital.

(2) Where items of such equipment are not required in his division, he will advise the Chief Medical Director, who in turn will find out whether they are required by any other division and transfer the items where they are needed.

(3) Where items of such equipment are not required by the Chief Medical Director for his Railway, he will circulate a list of such items to other Railways. Transfer of equipment from one Railway zone to another may be effected after the necessary formalities have been gone through, and the Ministry of Railways advised of the transaction.

(4) Any such article which can fetch some value and which is not needed at all anywhere, should be dispatched to the concerned stores depot after obtaining Chief Medical Director's sanction, and necessary credit obtained.

(5) All empty containers such as tins, packing cases, bottles, drums, etc. are to be sent to the Railway stores depots for disposal.

(Ministry of Railway's letters No.67/H/2/7 dated 28th January 1969, No.67/H/2/7 dated 6th July 1970 and No.76/H/2/7 A dated 25th February 1977).

412. Items marked with a date of expiry:- (1) Certain items of medicines like antibiotics, sera and vaccines, have a date of expiry marked on their packing. When receiving such items from the firms or the Government Medical Stores Depot, care should be taken to verify that there is a sufficiently long interval between the date of receipt and the date of expiry, so that there is a reasonable possibility of using such items before their date of expiry. It is always advisable to enter the date of expiry in red ink on the page of the Stock Register under such items, where the date of expiry is mentioned. Care should be taken to see that such drugs are used within that period.

(2) When any article is approaching the date of expiry, and surplus to his requirements, the Medical Officer(stores) should advise his CMS/MS in charge of the Division well in advance so that these can be utilised at other hospitals or health units in his division. If he is unable to do so, he shall advise the Chief Medical Director who will try to utilize it in some other division. If in spite of all these efforts, they still remain unused, they should be condemned and destroyed after obtaining the Chief Medical Director's sanction.

(3) With a view to keep a proper watch on such drugs so that they are consumed within their date of expiry, it is advisable to arrange them in racks or almirahs according to their date of expiry, and not according to their alphabetical order as is done with other drugs. As these drugs have got the month and the year of expiry, they should be arranged according to both the month and the year of expiry.

(Ministry of Railways' letter No.67/H/2/7, dated 28th January 1969).

413. Maintenance of and repairs to ambulance cars: Ambulance cars should invariably be maintained in good running condition. Regular servicing and repairs, wherever necessary, may be carried out promptly by any commercial concern in the same manner as is done in the case of staff cars. Timely replacement must be made. Efforts should also be made to have good selected drivers. Every ambulance should be equipped with emergency first-aid kit and manned by suitably trained para-medical staff. A log book for repairs of ambulance cars should be maintained as per [AnnexureVIII](#) of this Chapter. A Proforma for Ambulance movement register is given in [AnnexureIX](#) to this Chapter.

(MOR's letters No.66/H/2/18, dated 23rd January 1968, No.70/H/13/29 dated 23rd July 1971, NO.77/H/7/19 dated 17th January 1978 and No.78/H/4/12 dated 2nd May 1978).

ANNEXURE - I
(See Para 407 (5))

.....RAILWAY

MEDICAL DEPARTMENT

DAY BOOK OF RECEIPTS OF MEDICAL STORES

Date No.	Sl. No.	P.W.B. & date or delivery note No. & date	Name of firm or party from whom received	Reference to purchase order other reference under which supply is arranged	Particulars of stores received	Quantity	Reference to ledger folio	Reference to bill No. and date	Bill certified and sent		Initials of Stores keeper	Remarks
									To	On		
1	2	3	4	5	6	7	8	9	10	11	12	13

ANNEXURE – II

(See Para 407(7) and 407(8))

STOCK REGISTER OF MEDICINES AND MEDICAL STORES CONSUMABLE STORES REGISTER

.....RAILWAY

MEDICAL DEPARTMENT

Month and date	No. of receipt or issue voucher	From whom received or	Receipts		Issue		Value		Balance		
			No.	Weight or measure	No.	weight or measure	Receipt	Issues	Weight or measure	Book rate	Amount
1	2	3	4	5	6	7	8	9	10	11	12

ANNEXURE – III
(see para 407(9) to 407(14))

TOOLS AND PLANT REGISTER/EXPENDABLE TOOLS AND PLANT REGISTER

.....RAILWAY

MEDICAL DEPARTMENT

Date	Receipt			Value	Issue			Balance	Distribution of the item	Remarks
	Issue Note No. and date	Quantity	Rate		Advice Note		Quantity			
					No.	Date				
1	2	3	4	5	6	7	8	9	10	11

ANNEXURE IV
(See Note (2) below Para 407)

.....RAILWAY

**MEDICAL DEPARTMENT
NUMERICAL LEDGER CARD**

Ward

Class

Unit

Main Depot

Date	From whom received or Issued to	Receipt or issue voucher number	Quantity		
			Receipts	Issue	Balance
1	2	3	4	5	6

Part or P.L. No.
Bin No.

Description

Maximum

Maximum

ANNEXURE V
(see note (2) below para 407)

.....RAILWAY

MEDICAL DEPARTMENT

STOCK POSITION CARD FOR MEDICAL STORES

Hospital / Health Unit

Item	AU			
Ladger Page	PVMS			
Cat. No.				
Date	Receipt	Issue	Balance	Initials
1	2	3	4	5

ANNEXURE – VI

(see para 410)

Maintenance of History Card for costly medical equipment

Specification the machine	Name of the manufacture/ supplier	Date of purchase	Cost of the equipment	Date and cost of repairs.
1	2	3	4	5

ANNEXURE - VII
(see para 410)

Maintenance of Log Book for repair of costly medical equipment

Name of Equipment:

Date and time	Defects noted and detected by	Action taken	Remarks
1	2	3	4

ANNEXURE -VIII

(see para 413)

Proforma for Ambulance Repair Log Book

Ambulance number	Nature of defect	Signature of ambulance driver reporting the defects	Date and time from which defects noticed or out of order	Date and time when sent for repairs	Date and time when received after repairs	Remarks if any
1	2	3	4	5	6	7

(see para 413)

[illegible]

65

CHAPTER V MEDICAL EXAMINATION

Section A: Medical Examination of Candidates for appointment to the Gazetted Railway Service.

501. Introduction:-(1) The standards of physical fitness to be adopted should make due allowance for the age and length of service, if any, of the candidate concerned.

(2) No person will be deemed qualified for admission to the public service who shall not satisfy the Government, or the appointing authority, as the case may be, that he has no disease, constitutional affliction or bodily infirmity unfitting him, or likely to unfit him for that service.

(3) It should be understood that the question of fitness involves the future as well as the present and that one of the main objectives of medical examination is to secure continuous effective service, and in the case of candidates for permanent appointment, to prevent early pension or payment in case of premature death. It is at the same time to be noted that the question is one of likelihood of continuous effective service, and that rejection of candidate need not be advised on account of the presence of a defect which, in only a small proportion of cases is found to interfere with continuous effective service.

(4) Medical examination of candidates for appointment to Gazetted Railway service includes :-

(i) general physical examination

(ii) vision tests

(5) Details of these examinations are given below

502. General Physical examination:- (1) To be passed as fit for appointment, a candidate must be in good mental and bodily health and free from any physical defect likely to interfere with the efficient performance of his duties of appointment.

(2) In the matter of the co-relation of age, height and chest girth of candidate it is left to the medical board to use whatever co-relation figures are considered most suitable as a guide in the examination of the candidate. If there be any disproportion with regard to height, weight and chest girth, the candidate should be hospitalised for investigation and X-ray of the chest taken before the candidate is declared fit, or not fit, by the board.

(3) However, for certain services, the minimum standard for height and chest girth of male and female candidates should be as follows:-

		Height (cm)	Chest girth fully expanded (cm)	Expansion (cm)
Candidates:- Railway Engineering Services (Civil, Electrical, Signal and Mechanical), Transportation (Operating and Commercial) Departments, Railway Protection Force, the posts in the Marine Establishment and Special Class Railway Apprentices.	Male	152	84	5
	Female	150	79	5

Note:- (i) The minimum height prescribed can be relaxed in case of candidates belonging to races such as Gorkhas, Garhwalis, Assamese, Nagaland tribal, whose average height is distinctly lower.

(ii) The candidate's height will be measured as follows:-

He will remove his shoes and be placed against the standard with his feet together and his weight thrown on the heels and not on the toes or the sides of the feet. He will stand erect without rigidity and with heels, calves, buttocks and shoulders touching the standard, the chin will be depressed to bring the vertex of the head level under the horizontal bar, and the height will be recorded in centimetres and part of centimetres rounded to the nearest half.

(iii) The candidate's chest will be measured as follows:-

He will be made to stand erect with his feet together and to raise his arms over his head. The tape will be so adjusted round the chest that its upper edge touches the inferior angle of the shoulder blades behind and lies in the same horizontal plane when the tape is taken round the chest. The arms will then be lowered to hang loosely by the sides and care will be taken that the shoulders are not thrown upwards or backwards so as to displace the tape. The candidate will then be directed to take a deep inspiration several times and the maximum expansion of the chest will be carefully noted and the minimum and the maximum will then be recorded in centimetres rounded off to the nearest half centimetres.

(4) In recording the height and chest measurements, fractions of less than half a centimetres should not be noted.

(5) The candidate will be weighed and his/her weight recorded in kilograms; fraction of less than half a kilogram should not be noted.

(6) The following additional points should be observed:-

(a) that the candidate's hearing in each ear is good and that there is no sign of disease of the ear. In case it is defective, the candidate should be got examined by an E.N.T specialist provided that the defect in hearing is remediable by operation or by use of hearing aid, a candidate cannot be declared unfit on that account provided he has no progressive disease in the ear (for further guidelines see sub para (7) below)

(b) that the speech is without impediment

(c) that his/her teeth are in good order and he/she is provided with dentures, where necessary, for effective mastication (well filled teeth will be considered as sound);

(d) that the chest is well formed and chest expansion sufficient; and that his/her heart and lungs are sound;

(e) that there is no evidence of any abdominal disease;

(f) that he/she is not having a hernia;

(g) that the candidate does not suffer from hydrocoele, varicose veins or piles;

(h) that his/her limbs, hands and feet are well formed and developed and that there is free and perfect motion of all joints;

(i) that he/she does not suffer from inveterate skin disease;

(j) that there is no congenital malformation or defect;

(k) that he/she does not bear traces of acute or chronic disease pointing to an impaired constitution;

(l) that he/she is free from communicable diseases.

Note:- Undescended testes, intra abdominal in position, and un-associated with hernia, should not be cause for rejection. Ectopic testes, located in the inguinal canal, abdominal wall or thigh being more liable for trauma/torsion, should be passed fit only after the examinee has undergone surgical treatment.

(7) The following are the guidelines for the medical examining authority in respect of hearing and diseases of ear, nose and throat:-

(i) Marked or total deafness in one ear, other

Fit for non technical jobs if the deafness is up to 30

ear being normal.	decibels in higher frequency.
(ii) Perceptive deafness in both ears in which some improvement is possible by a hearing aid	Fit in respect of both technical and non-technical jobs if deafness is up to 30 decibels in speech frequencies of 1000-4000
(iii) Perforation of tympanic membrane of central or marginal type	(i) one ear normal; other ear perforation of tympanic membrane present- temporarily unfit. Under improved conditions of ear surgery a candidate with marginal or other perforation in both ears should be given a chance by declaring him temporarily unfit and then he may be considered under item(iv)(ii) below. (ii) Marginal or attic perforation in both ears-unfit. (iii) Central perforation both ears -temporarily unfit.
(iv) Ears with mastoid cavity sub-normal hearing on one or both sides	(i) Either ear normal hearing, other ear with mastoid cavity -fit for both technical and non-technical jobs. (ii) Mastoid cavity both sides- unfit for technical jobs. -Fit for non-technical jobs if hearing improves to 30 decibels in either ear with or without hearing aid.
(v) Persistently discharging ear-operated /non-operated.	Temporarily unfit for both technical and non-technical jobs.
(vi) Chronic inflammatory/allergic conditions of nose with or without bony deformities of nasal septum.	(i) A decision will be taken as per circumstances of individual cases. (ii) If deviated nasal septum is present with symptoms - temporarily unfit.
(vii) Chronic inflammatory conditions of tonsils	(i) Chronic inflammatory conditions of tonsils and/or and /or larynx. -Fit. (ii) Hoarseness of voice of severe degree if present- - temporarily unfit.
(viii) Benign or locally malignant tumours of the ear, nose, or throat.	(i) benign tumours- temporarily unfit (ii) Malignant tumours- Unfit.
(ix) Otosclerosis.	If the hearing is within 30 decibels after the operation or with the help of hearing aid-Fit.
(x) Congenital defects of ear, nose, or throat.	(i)if not associated with functions-Fit. (ii) Stuttering of severe degree-Unfit.
(xi) Nasal polyp.	Temporarily unfit.

(Ministry of Railway's letter No. 72/H/5/23 dt. 2/3/1973)

(8) An X-ray of the chest should be done as a routine in all cases for detecting any abnormality of the heart and lungs which may not be apparent by ordinary physical examination. **Extra charges are to be realized from candidates for special investigations like Echo-cardiogram,U.S.G etc.,at the rates prescribed for outsiders**

(Ministry of Railway's letter No63/H/5/3 dt. 06/07/1963,No. 64/H/5/23 dt. 07/12/1964,No.67/H/5/2 dt.20/04/1967 and NO.[2000/H/22/8 dt 29.12.2000](#))

(9) When any defect is found it must be noted in the certificate and the medical examiner should state his/her opinion whether or not it is likely to interfere with the efficient performance of the duties which will be required of the candidate.

503.Vision tests:-(a) Classification of staff:- for the purposes of visual acuity standards, the various gazetted services on Railways should be divided in to two categories as follows:-

(1) Technical services:-

- (i) Railway Engineering Services (Civil, Electrical, Signal, and Mechanical)
- (ii) Indian Railway Traffic Service.
- (iii) Special Class Railway Apprentices.
- (iv) Posts in the Marine Establishments.
- (v) Indian Railway Medical Service

Note: Even though Indian Railway Medical Service has been declared as 'Technical', the standard of medical examination applicable for candidates for recruitment to this service shall not be the same as applicable to the technical service on Railways. The candidates will be medically examined in accordance with the standards prescribed for technical services of Central Govt.(i.e other than the technical services under the Ministry of Railways) as laid down in the 'Hand book on Medical Examination' issued by the Ministry of Health And Family Welfare as amended from time to time.

(Bd.'s No 82/H/5/9 dt. 21/08/1982 and [dt. 15/06/1984](#))

(2) Non technical services:-

- (i) Indian Railway Accounts Service.
- (ii) Indian Railway Stores Service.
- (iii) Railway Protection Force.
- (iv) Railway Board Secretariat Services, class I and class II.
- (v) Chemists and Metallurgists.
- (vi) All other class I and class II services on the Railways which are not connected with the train working or use of trolleys.

(b) Acuity of vision:- The standards of visual acuity for the above categories will be as follows:-

Categories	Distant vision (with or without glasses)		Near vision (with or without glasses)	
	better eye	Worse eye	Better eye	Worse eye
Technical	6/9 or 6/6	6/9 -- 6/12	J.I -- J.II	J.II
Non technical	6/9	6/12	J.I	J.II

Note:-(i) In respect of technical services, the total amount of myopia(including cylinder) should not exceed -4 Diopters and the total amount of Hypermetropia should not exceed +4 Diopter.

(ii) In case a candidate in respect of Indian Railway Medical Services is found unfit on grounds of high Myopia, the matter shall be referred to a special Board of three ophthalmologists to declare whether this Myopia is pathological or not. In case it is not pathological, the candidate shall be declared fit, provided he fulfils the visual requirements otherwise. The examination by the special Board should be done on the same day as that of the examination by the medical Board. At places where it is not possible to convene the special board of three ophthalmologists on the day of the medical examination, the special Board may be convened at an earliest possible subsequent date.

(Extract of para [6\(d\) of appendix 1](#) of 'Hand book on Medical Examination')

(iii) During Medical examination of candidate, the use of contact lenses is not to be allowed.

(iv) The illumination of the type letters for the distant vision should be of 15 candles.

(v) It is not necessary to lay down any limit for minimum naked eye vision but it is desirable that the naked eye vision of the candidates should be recorded by the medical board or any other medical authority in every case as it will furnish basic information in regard to the condition of the eye.

(c) **Fundus examination** : In every case of myopia, Fundus examination should be carried out and the results recorded. In the event of pathological condition being present, which is likely to be progressive and affect the efficiency of the candidate, he shall be declared unfit.

(d) **Color vision**:- The testing of color vision is compulsory and the results should be normal in respect of all technical services, all posts in the Medical Department, all posts in the Railway Protection Force and Chemists and Metallurgists. Satisfactory color vision constitutes recognition with ease and without hesitation, of signal red, signal green and white colours. Both the Ishihara's Plates and Edridge's Green Lantern shall be used for testing color vision.

Note:- Colour perception, wherever tested, should be graded into a higher and lower grade depending upon the size of aperture in the lantern as described below:-

Grade	Higher grade of colour perception	Lower grade of colour perception
1. Distance between the lamp and the candidate	4.9 Meter	4.9 Meter
2. Size of aperture	1.3 mm	13 mm
3. Time of exposure	5 seconds	5 seconds

(e) **Field of vision**:- The field of vision shall be tested in respect of all services by the confrontation method. Where such a test gives unsatisfactory or doubtful results, the field of vision should be determined on the perimeter.

(f) **Night vision**:- Night blindness need not be tested in each case as a routine, but only in special cases. The medical board has the discretion to improvise such rough tests, e.g., recording of visual acuity with reduced illumination or by making the candidate recognise various objects in darkened room after he has been there for twenty to thirty minutes, as may be considered necessary. Candidate's own statements should not always be relied upon but should be given due consideration.

(g) **Ocular conditions other than visual acuity**:- Ocular conditions and diseases which should be considered as a disqualification are as follows:

(i) **Organic disease**:- Any organic disease or a progressive refractive error which is likely to result in lowering the visual acuity should be considered a disqualification.

(ii) **Squint** :-For technical services where the presence of binocular vision is essential, and for the Railway Protection Force and posts in Medical department, squint even if the visual acuity is of prescribed standard, should be considered a disqualification. For other services the presence of squint should not be considered as a disqualification if the visual acuity is of prescribed standard.

Note:-In case all the tests carried out correctly indicate the presence of binocular vision, the mere existence of squint should not disqualify a candidate.

(iii) **One eyed person**:- For all technical services, all posts in the medical department, all posts in Railway protection force, and Chemists and Metallurgists, one eyed persons should be considered unfit. These will include cases where there may be normal vision in one eye but the other eye is amblyopic or has subnormal vision resulting in lack of stereoscopic vision. However for employment in other categories the medical board may recommend such one eyed persons provided that it is satisfied that he/she can perform all the functions of the particular job for which he/she is a candidate, provided further that the visual acuity in the functioning eye is 6/6 for distant vision, and J.I for near vision with or without glasses, provided error in any meridian is not more than 4.D for distant vision., and normal color vision where ever required.

504.Relaxation of condition:- It shall be open to Government to relax any of the conditions in favour of any candidate for special reasons.

505.Examiners:- (1) The authority competent to examine a candidate for appointment to the gazetted Railway service is a medical board.

(2) At the time of referring the candidate for medical examination, the medical board should be informed whether the candidate is for one of the technical services or one of the non-technical services.

(3) Prior to his medical examination by the board, a candidate should make the statement in the prescribed form as given in Annexure I to this chapter and sign the declaration appended thereto. His attention should be specially directed to the warning contained in the Note below this form.

(4) The prescribed form for the board to record their report is given in [Annexure II](#) to this Chapter.

506. Provision for re-consideration of adverse reports:-(1) Candidates are warned that there is no right of appeal from a medical board, special or standing, appointed to determine their fitness for the above services. If, however, Government are satisfied on the evidence produced before them of the possibility of an error of judgement in the decision of the first board, then it is open to Government to allow an appeal to a second board. Such evidence should be submitted within one month of the date of communication in which the decision of the first medical board is communicated to the candidate, otherwise no request for an appeal to a second medical board will be considered.

(2) If any medical certificate is produced by a candidate as a piece of evidence about the possibility of an error of judgement in the decision of the first board, this certificate will not be taken into consideration unless it contains note by the medical practitioner concerned to the effect that it has been given in full knowledge of the fact that the candidate has already been rejected as 'unfit' for service by a medical board.

507. Temporary unfitness of candidate:- In the case of candidates who are to be declared 'temporary unfit', the period specified for re-examination should not ordinarily exceed six months at the maximum. On re-examination after the specified period, these candidates should not be declared unfit for a further period but a final decision in regard to their fitness for appointment or otherwise would be given.

508. (a) Women candidates who are pregnant:- A female candidate who, as a result of tests, is found to be pregnant need not be declared temporary unfit unless the nature of the job requires strenuous physical exercise or elaborate training, or posts carrying hazardous nature of duty eg., police organisation etc.,.

Note: Lady doctors empanelled as contract medical practitioners, if found to be pregnant will be considered for appointment, three months after the date of their delivery when they would be expected to be fit for full duties.

(Section A of Chapter X of Indian Railway Establishment Manual and M.O.R's letters No. 68/H/3/15 dt. 25/10/1968 and 27/11/1968 and No.68/H/3/5 dt. 17/01/1969, No.70/H/3/20 dt. 7/7/1971 and dt. 22/11/1971 and No.72/H/5/14 dt. 25/10/1972, dt. 18/1/1973 and 17/3/1973 and Rly Bd.'s letter No.85/H/5/28 dt. 18/03/86 and Rly Bd.'s No.96 E(GR)II/9/14 dt. 22/07/1996)

(b) Special Provisions regarding Medical Officers:

(i) In the case of Medical officers with 10 years of service or more, who are operated for cataract in one eye or both eyes, and where corrected vision comes up to 6/18 and are able to read Ishihara plates and Lanterns correctly, they may be allowed to work in their category. Such Medical officers should be provided with a perimeter, if they are entrusted with medical examination.

(ii) Medical officers in service with defective colour perception may be permitted to continue in service subject to the condition that they shall not be permitted to conduct medical examination.

Section B-Medical Examination of Candidates for appointment to Non-Gazetted Railway services and of serving Non-Gazetted Railway employees.

509. Introduction:-(1) Medical examination of candidates for appointment to non-gazetted Railway service and for periodical medical re-examination of serving Railway employees includes-

- (i) general physical examination, and
- (ii) vision tests

(2) The details of these examinations are given below. **Detailed guidelines explaining procedures of medical examination and specific diseases affecting fitness of staff are given in [Annexure III](#) to this Chapter. All medical officers conducting medical examination should get themselves familiarised with these guidelines.**

Note:-(1) The General Manager may relax the provision in the case of candidates for temporary appointment to the posts in the non-gazetted service including class IV and labourers' grades, other than posts falling in Group A([medical classification](#)), as given in para 510 (1) below.

(2) [General Managers shall have the authority to consider request from candidates\(both technical and non technical\), who fail in prescribed medical examination after empanellment by RRB, for their appointment in alternate category, subject to fulfilment of the prescribed medical standard, educational](#)

requirement and other eligibility criteria for the same grade post in alternate category. If a candidate for a technical category fails in the medical examination prescribed for that category, he/she may be considered for an alternate technical category if found fit medically for that category, provided he/she possesses the requisite qualification and there is a shortage in that category.

(Rly Bd's NO. 99/E(RRB)/25/12 dt 20.08.99(RBE 211/99))

510. Classification of staff:-(1) for the purpose of visual acuity and general physical examination of candidates and of serving Railway employees, the non-Gazetted Railway services are divided into the following broad groups and classes. **The detailed categories of Railway posts under each of the classes/groups mentioned below are given in Annexure IV to this chapter:-**

Groups	Classes
A. Vision tests required in the interest of public safety	<p>A-1. Foot plate staff, Rail car drivers and Navigating staff (For foot plate staff see para 520).</p> <p>A-2. Other running staff, Other shunting staff, Point lockers Station masters, and other staff in operative control of signals.</p> <p>A-3 Loco, signal and transportation Inspectors, staff authorised to work trolleys, Yard supervisory staff, Road motor drivers and gate keepers on level crossings.</p>
B. Vision tests required in the interest of the employee himself or his fellow workers or both.	<p>B-1 Such station and yard non supervisory, shed and other staff , excluding shed man, as are engaged on duties where failing eye sight may endanger themselves or other employees from moving vehicles, road motor drivers, permanent way mistries, gang mates, keymen, and staff of the Railway Protection Force.</p> <p>B-2 Certain staff in workshops and engine rooms engaged on duties when failing eye sight may endanger themselves or other employees from moving parts of the machinery and crane drivers on open line.</p>
C. Vision tests required in the interest of administration only.	<p>C-1. Other workshop and engine room staff, shed stockers and other staff in whom a higher standard of vision than is required in clerical and kindred occupation is necessary for reasons of efficiency and others not coming in group A or B</p> <p>C-2 Staff in clerical occupations not included in A,B and C-1</p>

(2) As the foot-plate staff have to pay sustained attention, it is necessary to have separate standards for these staff. These are enumerated in para 520 below.

511. General physical examination:-(1) A Candidate as well as a serving Railway employee must be in good mental and bodily health and free from any defect likely to interfere with the effective performance of the duties of his appointment.

(2) Examiners will use their own discretion as to the scope of the general physical examination in each case and will judge cases on their merits, taking into consideration the prospective duties of the examinee as also the age of the examinee and need for continued fitness for the remaining years of service.

(3) Measurement of height, weight and chest girth will be recorded if specifically required. The skin, the connective tissues, the circulatory, respiratory, digestive, nervous, genitourinary, skeletal and muscular system will be subjected to such examination as is deemed necessary. The principal points attended to are connected with ascertaining:-

(a) the condition of heart and lungs;

- (b) the condition of teeth and gums (well filled teeth will be considered as sound);
- (c) whether there is any evidence of abdominal disease;
- (d) whether there is any hernia or tendency to hernia;
- (e) whether there is any degree of hydrocoele, varicose veins or piles;
- (f) whether there is free movement of the joints;
- (g) whether there is any inveterate skin disease;
- (h) whether hearing in each ear is good and whether there is any disease of the ear;
- (i) whether there is any speech defect;
- (j) whether there is any contagious disease of the eyes or any other condition likely to lead to impairment of vision;
- (k) whether there is any acute or chronic disease pointing to an impaired constitution; and
- (l) whether there is any communicable disease.

Note:- No candidate whose chest measurement is less than 81.3 cms unexpanded and 86.4 cms expanded and whose height is less than 167.6 cms [except hill-man and other exempted class in whose case it should not be less than 160 cms] shall be enlisted for recruitment in Railway Protection Force. Recruits for appointment as Sainiks who are between 18 and 20 years and who show signs of growing and filling out may, however, be enlisted if they are 165.1 cms in height and 76.2 cms un-expanded and 81.3 cms expanded in chest measurement provided that the medical officer concerned certifies that the recruit is under 20 years of age and that he is likely to attain standard measurement.

(4) Hearing: In the examination of hearing of the candidate/serving employee, the speaking voice test will be employed. The examiner will speak in any ordinary conversational voice; the examinee will be at a distance shown in the note below and with his/her back to the examiner, will be separately tested for each ear by the occlusion of the other ear or the use of Barrany's whistle, if this is available.

Candidates: (i) on appointment, the testing distance will be 6 meters for each ear for all categories.

(ii) The use of hearing aid should not be permitted for candidates in categories 'A' and 'B'.

Employees: (i) on re-examination, the testing distance will be 3 meters for all categories of staff.

(ii) The use of hearing aid should not be permitted for Railway employees in categories 'A' and 'B'. However, it may be permitted at the discretion of the Chief Medical Director in Categories, B-1 and B-2. Relaxation of standards of hearing in certain categories like Boiler maker etc., may be given by the Chief Medical Director

(5) Speech:

Candidate: Stammering is not to be considered a serious defect disqualifying a candidate in clerical duties, especially such of them as do not have to come in direct contact with the public.

Employees: for serving Railway employee, stammering is not to be considered a serious defect in clerical duties, especially such of them as do not have to come in direct contact with the public. However, in cases where slight speech defects have been detected during the course of periodical medical examination of Railway employee who has put in a number of years of service, the Chief Medical Director may consider relaxation in all types of cases, in consultation with the department concerned.

(6) Head injuries:-

Candidates and serving employees in categories A-1, A-2 and A-3, when they come up for medical examination or re-examination, should give a declaration if they had a head injury earlier and if so, a history of the case, even though fully cured at the time of declaration. In the case of persons with past history of loss of memory, a full neurological examination and a fitness certificate from a neurologist would be required. As instances are known where temporary loss of memory and some other mental disturbances have occurred in such cases, it is desirable that a close watch is kept on all such cases of head injury in the foot-plate staff, specially drivers, and followed up, to ensure that there is no recurrence of loss of memory in such persons.

(7) Physically handicapped: (i) At the time of medical examination of the physically handicapped, namely the blind, the deaf/deaf mute and the orthopedically handicapped, (for each of the categories 1% of the posts in C and D groups have been reserved), the medical officer should find out the individual's suitability for the appointment against the post nominated for the handicapped persons with the instructions given and ensure that the proposed appointment is without much detriment to the efficiency and the physical handicap is not likely to hamper the work or enhance the occupational risks to the worker himself or to the others, especially if the post happens to be in the sheds and work shops or in station yards, along railway tracks and on bridges etc. Although the intention is to help such physically handicapped persons duly waiving the physical standards which ordinarily stand in the way of their being passed fit, it is clarified that no relaxation is to be made in visual standards while considering cases of physically handicapped persons for appointment under the deaf and orthopedically handicapped quota, excepting in the categories of clerks to the extent that they may be examined as per standards of C-2 though they belong to C-1. Certain posts should be earmarked for being filled up by only disabled persons eg., Lift man, Daftry, Office Clerks, Care-takers etc.

(Rly Bd.'s No 79/H/5/10 dt. 28/06/1979)

(ii) The categorisation of physically handicapped person for the purpose of reservation in employment is as below:-

a) The blind: The blind are those who suffer from either of the following conditions:

1. Total absence of sight.
2. Visual acuity not exceeding 6/60 or 20/200 (Snellen) in the better eye with correcting lenses.
3. Limitation of the field of vision subtending an angle of 20 degrees or worse.

b) The deaf: The deaf are those in whom the sense of hearing is nonfunctional for ordinary purposes of life. They do not hear, understand sounds at all events with amplified speech. The cases included in this category will be those having hearing loss more than 60 decibels in the better ear (profound impairment) or total loss of hearing in both ears.

c) The orthopedically handicapped: The orthopedically handicapped are those who have a physical defect or deformity which causes an interference with the normal functioning of the bones, muscles and joints.

(Bd.'s No.E(NG)III-77RC1/54 dt. 08/01/78 and No. 2003/H/23/4 dt 12-3-3)

iii) Candidates:- As and when handicapped persons are recommended by the Employment exchange for employment against *Group C and Group D* posts, they should be examined by CMS/MS in charge of the division and decision taken in consultation with the department concerned.

iv) Employees: The cases should be decided by the CMS/MS in charge of the division in consultation with the departmental officers taking into account the nature of disability and duties of the post.

Note: Such of the serving Railway employees who lose one of their hands while in service may not be put against train working duties, particularly those involving operation of any equipment.

(8) Urine:

Candidates & Employees: In A-1 Urine examination is compulsory.

Other categories: Urine will be examined if the examinee is over 30 yrs of age. If there is any reason to suspect renal disease or diabetes in any examinee under 30 yrs age, his urine will be examined.

(9) Infective conditions and other disorders :

Candidates: Candidates exhibiting the under noted conditions will be rejected irrespective of the employment sought:-

(a) Contagious and infective disorders: provided that the condition of the candidate having ceased to be contagious or infectious, the sequelae arising from such disorder will not be regarded as disqualifying, unless they are in themselves likely to interfere immediately or later with the efficient performance of the duties of their appointment. The following conditions fall *inter-alia* under the above category:-

- (i) Pulmonary tuberculosis.
- (ii) Venereal infection.

- (iii) Trachoma and other infectious ocular diseases.
 - (iv) Leprosy.
- (b) Conditions commonly predisposing to invalidity or seriously enhancing the candidate's liability to occupational risks, eg:-
- (i) Hernia, and well marked hydrocoele, varicose veins or piles: provided that such conditions having been satisfactorily treated by operation, the evidence of their previous existence shall not disqualify;
 - (ii) Un-descended testes, intra-abdominal in position, and un-associated with an inguinal hernia, should not be a cause for rejection. Ectopic testes, located in the inguinal canal, abdominal wall or thigh, being more liable for trauma/torsion, should be passed fit only after the examinee has undergone surgical treatment:
 - (iii) Flat foot, or knock knees, except in sedentary occupations;
 - (iv) Epilepsy;
 - (v) Asthma;
 - (vi) Otorrhea.
- (c) Conditions rendering the association of the candidates with others objectionable, e.g:-
- (i) Repulsive inveterate skin diseases.
 - (ii) Ozoena
 - (iii) Foetor associated or otherwise with pyorrhoea alveolaris.
- (d) Constitutional disorders commonly deemed progressive and chronic disorders liable of recurrent exacerbation of a disabling kind.

Employees: In the case of serving employees, if there is reason to believe that any such defect can be remedied early by treatment or operation, the Railway employee should be advised to undergo necessary treatment or operation, prior to final decision.

512. Vision tests:-

(1) Acuity of vision:- The following are the tables of standards of visual acuity requirements:-

(A) Standards at examination on appointment:

Class	Distant vision	Near vision
A-1	6/6, 6/6 without glasses with fogging test (must not accept +2 D)	Sn.0.6, 0.6 without glasses
A-2	6/9, 6/9 without glasses (no fogging test)	...Do...
A-3	6/9, 6/9 with or without glasses. Power of lenses not to exceed 2D.	Sn.0.6, 0.6 with or without glasses.
B-1	6/9, 6/12 with or without glasses. Power of lenses not to exceed 4D.	Sn. 0.6, 0.6 with or without glasses when reading or close work is required
B-2	same as above	...Do...
C-1	6/12, 6/18 with or without glasses.	...Do...
C-2	6/12, nil with or without glasses	Sn. 0.6 combined with or without glasses where reading or close work is required

Note: a) No glasses are to be permitted at the time of initial recruitment of Railway Protection Force staff where their medical category is B-one

b) Candidates in C-1 and C-2 medical categories having power of glasses of more than 4 D should be examined by an eye specialist and may be declared fit if there is no evidence of any progressive eye disease.

(Bd.'s No 83/H/5/16 dt. 17/04/1984)

c) One eyed person: There is no bar to the admission into non-gazetted clerical service of a candidate who is blind in one eye. The guiding consideration in such cases should be whether the candidate's vision is adequate for the performance of the duties attached to the service or the post to which he/ she is proposed to be appointed, and whether undue risk attaches in his being accepted. The medical officer while examining such cases should take into account the cause of blindness in relation to its possible effects on the sound eye in course of time.

d) *Candidates with Pseudophakia* : Posterior Chamber IOL implant in one or both eyes for correction of vision of candidates in Cey one and Cey two categories may not be a bar for their appointment as such.

(Bd's No 99/H/5/3/ dt 2-12-2003)

(B) *Standards at re-examination during service:-* The standards at re-examination would apply only for employees with not less than six years service. This could be permanent or temporary, including continuous service as casual labour, if in the same medical category.

Class	Distant vision	Near vision
A-1	6/9, 6/9 or 6/6, 6/12 with or without glasses .Naked eye vision not below 6/60, 6/60 Power of lenses not to exceed 4D.	The combined vision with or without glasses should be the ability to read ordinary print. Where reading or close work is required. Where reading or close work is required, the combined near vision should be Sn 0.6
A-2	BELOW 40 YEARS	
	6/9, 6/12 or 6/6, 6/18 with or without glasses Power of lenses not to exceed 4 D. Naked eye vision not below 6/60.	As above
	40 YEARS AND ABOVE	
	6/12, 6/12 or 6/9, 6/18 with or without glasses. Power of lenses not to exceed 6 D. Naked eye vision not below 6/60.	As above
A-3	6/12, 6/18 with or without glasses. Power of lenses not to exceed 8 D.	As above
B-1	6/12, 6/24 with or without glasses. Power of lenses not to exceed 8 D.	As above
B-2	As above	As above
C-1	6/18, nil or combined 6/18 with or without glasses.	Sn. 0.6 with or without glasses where reading or close work is required.
C-2	6/24, nil or 6/24 combined with or without glasses.	As above

(2) (i) Color perception:-

Candidates and Railway employees: in classes A-1, A-2, A-3 and B-1 on being medically examined shall be tested for color perception with the prescribed apparatus and recommended methods of examination. Failure to pass the tests laid down for the class in which it is proposed to employ the candidate or Railway servant shall be the cause for rejection. The following are the standards for color perception:-

Candidates and serving Railway employees

Class	Lantern Aperture	Ishihara
A-1	1.3 mm	Yes
A-2	1.3 mm	Yes
A-3	1.3 mm	Yes
B-1	13 mm	No

Note:-(i) The highest standards of physiological competence to discriminate the colors of signals under all conditions is required in candidates and Railway employees in categories A-1, A-2, and A-3. Distinctive importance is attached to rapidity of recognition and to the absence of abnormal simultaneous contrast effects.

(ii) Malingering:

It may sometime happen that an employee belonging to an un-attractive category like trains clerk may deliberately fail in the color perception test during medical re-examination in expectation of being absorbed in a more attractive alternate employment like goods clerk/booking clerk etc. It must be remembered that an individual, having a normal color perception retains such normalcy throughout the life unless he develops some pathological conditions of the optic nerve. In case, therefore a person is found to be color blind subsequently without having developed one of these pathological conditions, and where there is also no doubt as to the findings of earlier examination, the person concerned should be declared as a malingerer. Where such malingering is suspected, the Administration should ensure that the person does not get any attractive alternate employment but only an unattractive post like office clerk. Obviously a decision in such cases has to be taken very judiciously. If malingering is established, he is psychologically not fit to remain in service and may be declared unfit for all classes. The medical unfitness papers should carry an endorsement that " he has been declared unfit under para 512(2) sub note(ii) of I.R.M.M."

(Rly Bd.'s Letter No.87/H/5/8 dt. 11/05/1987)

(3) Night vision:-

Candidates of classes A-1, A-2, A-3 and B-1 will be examined with regard to their vision in diminished light as per instructions given in the Annexure III to this chapter and if found to suffer from night blindness, will be rejected.

Railway employees in Class A-1, A-2, A-3 and B-1 will be similarly examined and if in the opinion of the examiner any defect of vision found in dim light appears to be of permanent order likely to interfere with the efficient discharge of Railway employee's duties, he will be disqualified for retention in the particular job.

(4) Field of vision:-

Candidates and Railway employees in class A-1 will be examined to ascertain that the fields of vision are not seriously restricted. The existence of any material abnormality in this respect will disqualify the candidate for admission to the service and will in the case of serving Railway employee, either disqualify or not, according as, in the opinion of the examiner it is or is not associated with disease liable to render the Railway employee unfit to continue to discharge his duties efficiently.

(5) Binocular Vision:

Candidates: Candidates in Classes A-1, A-2, A-3, B-1 and B-2 will be tested for the presence of binocular vision, i.e., peripheral fusion, depth perception and stereoscopic vision. The absence of binocular vision will disqualify a candidate for admission to service in these classes.

Employees: (i) An employee suffering from Defective Binocular vision cannot be passed for any post in categories A-1, A-2 or A-3.

(ii) An employee suffering from defective Binocular vision can be passed in categories B-1 & B-2 at the discretion of the Chief Medical Director any time during service during re-examination irrespective of the date of appointment.

Note:- (i) In case all tests carried out correctly indicate the presence of binocular vision, the mere presence of squint should not disqualify an examinee.

(6) Mesopic vision

Candidates and Employees from A1 to B-1 categories may be examined in glaring light by providing a 200 Watts Bulb 90 cm. above and over the Landolt's Board in front of the examinee's eye. Response to glare and recovery time should be noted by examining the candidates and employees with the help of light point to be installed in the existing dark room. Delayed recovery may be early symptom of cataract. A report in this respect should be sent to Chief Medical Director biannually.

(Bd.'s No [89/H/5/15 dt. 8/11-12-89](#))

(7) Fundus / Full Ophthalmology Examination:

Candidates: Compulsory in the following circumstances,

- a) for all candidates in A-1
- b) for categories C-1 and C-2 when the power of lenses exceeds 4 D., the candidate should be examined by an Ophthalmologist to exclude progressive eye disease.

(Bd's [No83/H/5/16 dt. 17/04/84](#))

Employees :

- a) A-1 For all employees -Compulsory
- b) A-2, wherever naked eye vision is less than 6/12, 6/24, full ophthalmologic examination of the fundus etc., will be made by an eye specialist to find out the possibility of any progressive disease in the eyes, in the interest of the employees themselves and in the interest of the travelling public. If it is found that there is progressive disease, the employee will have to be periodically examined every year or even at earlier intervals at the discretion of the medical examiner. A record must be kept of the naked eye vision of the employees examined.
- c) A-2 and A-3, in case the power of lenses is more than 4.D, full ophthalmologic examination would be necessary.
- c) In all cases of relaxation of residual vision, a thorough ophthalmologic examination should be done before relaxation is given

(8) Naked Eye vision (Residual vision):

Relaxation of Residual vision

(a) For Categories A-1 and A-2 there shall be no relaxation of residual vision below 6/60 in each eye. However it may be relaxed even beyond 6/60, 6/60 but the power of lenses not to exceed 4 D., at the discretion of Chief Medical Director. The discretionary powers of C.M.D may however be re-delegated to medical officers not below the rank of D.M.O. A record must be kept of the naked eye vision of the employees examined.

(S.E.Railway's No.HME/36/1281 dt 28-02-79)

(b) In the case of employees of the ex-Company Railways falling under medical category A, relaxation may be made in their residual vision and the power of lens to the extent the employees were eligible for it under the ex-Company rules. These powers may be exercised by the Divl. Medical Officers.

Note: Employees who have had the benefit of relaxation of residual visions shall be examined at least once a year thereafter, unless examination at shorter intervals is considered to be necessary by the medical officer.

(9) Radial Keratotomy:

Candidates: having undergone Radial Keratotomy may not be considered for recruitment to A-1, A-2, A-3 and B-1 categories. However candidates with such operation may be considered for recruitment in B-2 categories and below, if other wise medically fit.

Employees : working in categories A-1, A-2, A-3, and B-1, who have undergone Radial keratotomy should not be allowed to work on Rajdhani and Shatabdi Express. However for eligibility to work on other trains, the periodical medical examination of such employees should be conducted at half the prescribed intervals

of the P.M.E.s. Such employees in categories B-2 and below may however be medically passed with this operation.

(Bd.'s No 89/H/5/14 dt. 30/11/89)

(10) Cataract:

Employees with aphakia : Employees operated for cataract by conventional surgery resulting in aphakia, irrespective of acuity of vision with glasses will not be permitted to continue in categories other than C-1 and C-2.

Employees with Pseudoaphakia : Employees having undergone intra ocular lens implant surgery (Posterior chamber I.O.L) will be allowed to continue in service in categories A-3 and below; provided that all employees undergoing Posterior I.O.L surgery will be subjected to complete ophthalmic assessment by an ophthalmologist at monthly intervals post operatively till the findings become stable or for a maximum period of six months to see if they can attain the visual standards required for the A-3 category. In case of failure of the employee to reach the standards of A-3 in six months following surgery he/she will be declared fit in the category in which his/her visual standards allow him/her. Subsequent P.M.E.s of such employees only with reference to ophthalmologic check up will be done at six monthly intervals by an ophthalmologist, keeping in view, the possibility of upgrading the medical category on improvement of the visual abilities of the employee (which in some cases is possible). Their cases can be reviewed once every six months.

Employees in B-1 having undergone I.O.L implant surgery will be allowed to continue in their original category with subsequent medical examination done every year instead of the usual schedule.

(Bd.'s letter No. 88/H/5/3 dt. 07/02/96)

Note:

Posterior chamber Intra Ocular Lens implantation (PCIOL) in one or both Eyes shall not be a bar for the in-service Aye two (A2) category staff to continue in the respective category after cataract surgery of one eye/eyes provided his /her visual acuity comes up to the prescribed standard. The periodicity of Periodical Medical Examination (PME) for A2 in IOL cases would be as under

1st PME 6 weeks after surgery

2nd PME 6 months after the first PME after the PCIOL

Subsequent PMEs after the completion of one year from the previous PME

All PMEs will have to be conducted by Ophthalmologists only in such cases

(Bd's No 2002/H/5/1 dt 5-2-2004)

The relaxation given vide Bd's letter NO above will also be extended to in-service employees in Aye two category who have undergone IOL (PC) implant in one or both eyes prior to 5-2-04. However all such cases will be examined by a Medical Bd including one eye specialist./ Based on the recommendations of the medical Board and it being accepted by CMD of the zone the in service employee can be permitted to continue in Aye-two category

(Bd's No 2002/H/5/1 dt 2-7-2004)

(11) Spectacles and Contact lenses:

a) Spectacles: *Candidates* : No glasses are to be permitted for categories A-1 and A-2 and for Railway Protection Force staff where their medical category is B-1.

Employees: i) Category A : When a Railway employee coming in the Category A (A-1, A-2 & A-3) is permitted to use spectacles for the purpose of passing the required eyesight examination, he must provide himself with two pairs of appropriate spectacles from an optician. The frame should be of a standard quality and fitting properly. The glasses should be colourless (or of shades Crookes A and A2 only) and of optical quality. They should have requisite power with uniform refractive index. Centring of the lens should be according to the inter-pupillary distance. The employee must give a written undertaking that he/she will carry both pairs while on duty, and should he/she break or lose one pair, must at once report the occurrence to his controlling supervisor who will arrange for him/her to be sent to the Medical examiner, who will re-test with the remaining pair of glasses, and issue such instructions as will ensure that the employee will possess two pairs of suitable spectacles. A foot-plate staff who uses glasses both for near and distant vision and prefers to use bifocal glasses may be allowed to keep only two pairs of bifocal glasses one of which should be in use and the other kept as a standby. Intention is that the employee must have two pairs of glasses of the kind that he/she uses.

(ii) *Category B and C:* Employees in Categories B-1, B-2, C-1 and C-2 will carry one pair of spectacles only

b) Contact lenses : For both Candidates and employees contact lenses shall not be permitted in category A and B. Contact lenses of all powers are permitted in candidates and employees of categories C-1 and C-2 provided there is no progressive eye disease as certified by an eye specialist.

(Bd.'s No. 83/H/5/16 dt. 17/04/84)

513. Time when candidates are to be sent for Medical Examination:-(1) The medical examination of the candidates selected for appointment against posts for which initial training has been prescribed should be conducted immediately prior to their being deputed for training.

(2) In the case of candidates to be appointed against posts for which no initial training is necessary, the medical examination should be conducted at the time of their appointment.

514. Periodical Re-examination of serving Railway employees:-(1) In order to ensure the continuous ability of Railway employees in class A-1, A-2, A-3, B-1 and B-2 to discharge their duties with safety, they will be required to appear for re-examination at the following stated intervals throughout their service.

(A) Category A-1, A-2 and A-3:-

(i) At the termination of every period of four years, calculated from the date of appointment, until they attain the age of 45 years, and then every two years until the age of 55 years and then thereafter annually, until the conclusion of their service.

(ii) If an employee in Medical category A has been periodically medically examined at any time within two years prior to his attaining the age of 45, his next medical examination should be held two years from the date of the last medical examination and subsequent medical examinations every two years until 55 years and then annually thereafter until retirement. If however such an employee has been medically examined at any time earlier than two years prior to his attaining the age of 45 years, his next medical examination should be held on the date he attains the age of 45 and subsequent medical examinations every two years thereafter.

(Rly Bd.'s letter No. 88/H/5/12 dt. 29/01/93)

(B) Category B-1 and B-2:- On attaining the age of 45 years, and thereafter at the termination of every period of 5 years.

Note:- (i) The employees in Railway Protection Force will be re-examined for physical fitness at the termination of every period of three years, calculated from the date of appointment until the conclusion of their service. However, Inspectors, Sub-Inspectors, and Assistant Inspectors of the Railway Protection Force are to be re-examined for physical fitness and visual acuity on attaining the age of 45 years and thereafter at the termination of every period of five years.

(C) Category C-1 and C-2:- Will not be required to undergo any re-examination during the course of their service, unless specifically directed.

(D) Any Railway employee in service may be required to undergo tests for vision and general physical examination in the event of his failure to comply with signals.

(E) Work shop staff and artisan staff in Loco shed and C&W depots would be exempt from P.M.E s except when such staff are promoted to depots requiring higher medical examination from safety angle.

(F) Special Medical Examination : The staff in the categories A-1, A-2, A-3 should be sent for special medical examination in the interest of safety under the following circumstances unless they have been under the treatment of a Railway Medical Officer:-

(a) Having undergone any treatment or operation for eye irrespective of the duration of sickness.

(b) Absence from duty for a period in excess of 90 days. In case of A-1, A-2 and A-3 an employee may be asked to give an undertaking to his supervisor when reporting back to duty after leave or absence, irrespective of the period, that he has not suffered from any eye disease or undergone an eye operation

515. Authority from responsible departmental superior required prior to examination:-

(1) Examiners will grant certificates under these regulations only to such candidates or Railway employees as hold authority from their departmental superior to present themselves for examination. The forms to be used are given in annexure V and VI of this chapter.

(2) Authority to present himself for the medical examination should not be granted to any candidate who has at any time been pronounced unfit for Government employment by any duly constituted medical authority. Candidates should be warned to disclose any previous rejection from Government employment on medical ground.

(3) The onus of sending the candidate or a Railway employee for medical examination is that of the employing department.

(4) The employing branch or the department will in every case be responsible for the punctual appearance of the Railway employee, particularly the operating staff concerned with train passing duties, before the appropriate authorised medical examiner. For this purpose, the staff should be relieved on or before the due date for medical examination. It will not be exactly the date when the re-examination falls due, but it will be the month in which this falls due, so that he can appear for P.M.E any day during the month. This does not, however, mean that staff should be relieved and kept idling for an indefinite period but it should be ensured, in co-ordination with the medical department, that staff are medically examined invariably on or near about the due dates.

516. Identification of the examinees:- In order to ensure the identity of the examinee, the recruiting or employing branch or department will, furnish a list of examinee's permanent physical marks of identification in the forms as given in annexure V and VI referred to in para 515 above. The examinee's signature or thumb impression is also to be obtained on the forms as given in annexure IX and Annexure X to this chapter and this will be verified afterwards by the branch or department concerned. The recruiting or employing branch or department will, in the following cases, however, provide that the examinee is accompanied by a responsible member of the branch or department, to whom he is known, to act as a guarantor.

(i) When the candidate/employee is having no distinguishable marks of identification,

(ii) When the candidate/employee is having a number of moles/scars on the body that it would be very difficult for the examiner to identify the moles/scars even if they were to be represented to the best of their ability by the employing branch/personnel department.

517. Re-examination before promotion to a higher medical category:- A Railway employee must not be engaged to work, whether temporarily or permanently, in a class higher than that for which he/she has been certified fit, unless he/she has obtained a certificate of competence in respect of the medical category of the new employment.

518. Re-examination on revision of medical classification:- (1) The staff belonging to any medical category, when brought on to the categories of A-1, A-2, and A-3 on revision, should be examined immediately on revision.

(2) The staff belonging to any medical category, when brought on to the categories of B-1 or B-2 on revision, should, subject to the provisions of sub-para (4) below, be examined at the time of next scheduled examination prescribed for these categories.

(3) The staff belonging to any category when brought on to categories C-1 and C-2 on revision, may not be required to undergo any medical examination.

(4) Where, on revision, the medical category is raised upwards, there should be an immediate examination on revision and in other cases where the revision is downwards, the medical examination should be at the time of next scheduled examination.

(5) The provision of this paragraph need not apply to the staff who have already been given relaxation by the Railways as personal concession to them.

519. Medical examination of employees on promotion to higher classes:- Employees with six years, or more of continuous service on Railways sent for medical examination on promotion to higher class, should be examined according to the standards of examination during service of the higher class. Employees

with less than six years of service should be examined according to the standards of examination applicable on appointment to the higher class.

520. Standards for Foot-plate staff in A-1:-

(a) Medical Examiner: D.M.O or above specifically nominated by C.M.D. A special training of 7 days may be imparted to all the doctors undertaking the medical examination of drivers to familiarise them with relevant rules

(b) Periodicity: Every four years from the date of appointment till the date of attainment of 45 Yrs, every 2 yrs up to 55 Yrs, and thereafter annually till retirement

(1) At the time of entrance in A-1::

(i) At the time of appointment, a thorough and stringent medical examination including M.M.R /X-ray(chest), ECG, Urine examination, Blood sugar estimation, Fundus examination or any other investigation/observation as deemed fit by the medical examiner is to be done keeping in mind Hypertension, Diabetes, Ischemic Heart Disease, Hearing, Mental condition/Reaction of the candidate.

(ii) Vision: As detailed in Para 512 for A-1 candidates,

(2) During Periodical examination of employees in A-1 :

(i) Thorough physical examination, detailed eye examination, M.M.R/X-Ray chest, Fundoscopy, Urine analysis, Fasting Blood sugar, and any other examination/investigation as deemed fit by the examiner, keeping in mind , inter-alia the following conditions:

a) Blood Pressure: The peripheral blood pressure with medication should not be above 140/90 up to the age of 50, 150/90 up to 55 Yrs and 150/95 up to superannuating age Ganglion blocking drugs are not permitted for control of hypertension.

b) Diabetes : If controlled by diet alone- to be considered fit for all categories. If controlled by drugs, not fit as a driver except for shunting duty in the yard.

c) Ischemic Heart Disease: Candidates and employees suffering from Ischemic Heart Disease will not be passed fit. Relevant investigation in this context should be done where necessary.

d) Ear examination: Hearing should be normal. Hearing aids are not allowed. There should be no chronic ear discharge.

(ii) Vision: As detailed in Para 512 for A-1 employees.

(iii) The examiner should specifically mention in the report that

a) Contact lenses are not being used,

b) No Intra Ocular Lens implant is present and

c) No Radial Keratotomy has been done.

(iv) Drivers should be mentally agile with normal reactions

(3) All the drivers and motormen should carry the health cards, provided to them and should present this to the doctor during P.M.E for making necessary entries on results of P.M.E including X-ray chest and special instructions, if any. Whenever the Drivers/Motormen report to the hospital for sickness, the same should be recorded in the Health card in the appropriate column. Whenever any P.M.C is to be endorsed by the doctor, the particulars of incidence of such sickness should also be recorded in the Health Card.

(4) At the time of entrance into service and at the time of each P.M.E. declaration as given in Annexure VII & VIII to this Chapter has to be obtained from all drivers.

(Rly Bd.'s letter No.88/H/5/12 dt.. 29/10/1993 and No.ENG/1/82/RE/3/4 dt. 31/12/1982)

521. Record of examinations and form of certificates:- The results of examination will be recorded and certificate issued in the forms given in Annexure IX and X. Issue of fit and Unfit certificates should be prompt and done personally .In order to prevent any possible misuse, the medical examiner should see that the medical category of the candidates/employees is entered in the certificates in words, viz., Aye-one, Aye-

two, Aye-three, Bee-one, Bee-two, Cey-one and Cey-two for A-1, A-2, A-3, B-1, B-2, C-1, and C-2 respectively.

522. Provision for reconsideration of adverse reports:- The following provisions shall apply in regard to the reconsideration of adverse reports of Medical Examination.:-

(1) Candidates:-

(i) Ordinarily, there is no right of appeal against the findings of an examining medical authority, but if the Government is satisfied, based on the evidence produced before it by the candidate concerned, of the possibility of error of judgement in the decision of the examining medical authority, it will be open to it, to allow re-examination. Such evidence, should be submitted within one month of the date of communication in which the decision of the first medical authority is communicated to the candidate. The appellate authority may entertain the appeal within a reasonable time after the expiry of said period, if it is satisfied that the appellant had sufficient cause for not proffering an appeal in time. Consultation and investigation charges will be recovered for appeal.

(Ministry of Railway's letters No.91/H/5/1 dt.. 23/08/1991 and No.87/H/5/18 dt.. 26/10/1988)

(ii) If any medical certificate is produced by a candidate as evidence about the possibility of an error of judgement in the decision of the first medical authority, the certificate will not be taken into consideration unless it contains a note by the medical practitioner concerned, to the effect that it has been given in full knowledge of the fact that the candidate has already been rejected as unfit for service by the medical authority appointed by the Government in this behalf.

(2) Railway Employees:-

(i) The Railway employee may himself, on receiving the notice of failure to pass the examination, lodge an appeal within seven days from the date of adverse report, for reconsideration by the Chief Medical Director. This appeal will be directed through the Divisional Officer /District Officer of the employing Branch or the department concerned and CMS/MS in charge of the Division, who will respectively attach a report of the examination.

(ii) A principal Divisional or District Officer of the branch or department concerned may submit a requisition for reconsideration by the Chief Medical Director of the case of a Railway employee concerning whom an adverse certificate has been issued by an examiner authorised to do so. The requisition will include a statement of any special circumstances that appear worthy of consideration, and will be sent through the CMS/MS of the division who while forwarding it to the Chief Medical Director will attach a report of the examination.

(iii) On receipt of an appeal under para (i) above, or a requisition under para (ii) above, the Chief Medical Director will after perusal of the papers, either issue summary orders or arrange at his discretion of such further special examination of the Railway employee as the circumstances of the case may require. The decision of the C.M.D will be final.

(iv) A Railway employee who, having been examined by a competent medical authority, has been certified by the authority to be unfit to continue to discharge the duties formerly assigned to him, shall not be permitted to discharge such duties or the duties of any other class, competence for which has not been certified by the examiner; and the adverse certificate shall hold irrespective of the submission of an appeal under sub-para(i) above, or the submission of a requisition under sub-para (ii) above, until such time as under the instructions of the Chief Medical Director, the adverse certificate has been formally withdrawn or replaced.

523. Relaxation of standards:- (i) Relaxation at re-examination:

(a)The standards at re-examination would apply only for employees with not less than six years service. This could be permanent or temporary, including continuous service as casual labour, if in the same medical category.

(b) For Categories A-1 and A-2 there shall be no relaxation of residual vision below 6/60 in each eye. However it may be relaxed even beyond 6/60, 6/60 but the power of lenses not to exceed 4 D., at the discretion of Chief Medical Director. The discretionary powers of C.M.D may however be re-delegated to medical officers not below the rank of D.M.O. A record must be kept of the naked eye vision of the employees examined.

(c) In all cases of relaxation of residual vision, a thorough ophthalmologic examination should be done before relaxation is given

(d) The relaxation allowed at present as per Ministry of Railway's letter NoE55ME5/133/Medical dated 07th June 1956 for employees with squint who are in service in category B should continue. However, all future entrants in category B should have Binocular Vision. C.M.D is empowered to relax at his discretion and permit any employee to continue to work in category 'B' even if he has no Binocular vision.

(e) Hearing aid may be permitted at the discretion of the Chief Medical Director in Categories, B-1 and B-2. Relaxation of standards of hearing in certain categories like Boiler maker etc., may be given by the Chief Medical Director

(f) Employees who have had the benefit of relaxation of residual visions shall be examined at least once a year thereafter, unless examination at shorter intervals is considered to be necessary by the medical officer.

ii) Relaxation on decategorisation:

(a) A decategorised driver, if he possesses the vision of category A-2 on re-examination, will be allowed to work as shunter although the standards laid down for A-1 will apply for new entrants or on promotion as shunter.

(b) Employees with not less than 10 years of service, who lose the vision in one eye may be permitted to be employed in or continue in categories B-1 and B-2 by the Chief Medical Director, if the remaining eye is not aphakic and the vision in that eye, corrected or uncorrected is at least 6/12. Those who are operated for cataract in one eye may also be similarly permitted, provided the vision in the other eye, not operated for cataract, corrected or uncorrected, is at least 6/12, and provided further that the operated eye is not corrected with glasses to avoid diplopia by the non-operated eye. Those who do not come up to the standards for being declared fit in B-1 categories, should not be forced to remain off duty (unless they themselves ask for leave) but can be considered for being declared fit against C Categories, if they come up to the required standards therefor.

(c) In-service Junior Engineer (Tele-communication), Assistant Tele-communication Inspectors and Mechanics not coming up to the standards of A-3 and B-1 may, with restriction of duties, be put to work on non-electrified sections where they do not have to use trolleys or in sedentary jobs. The Chief Medical Director should decide such cases in consultation with the department.

iv) Relaxation for Physically handicapped men: see para 511(7)

524. Treatment of the period of absence of Railway employees sent for periodical medical re-examination:-

The period for which an employee is absent from duty for periodical medical re-examination may be treated as below:-

(i) Time spent in journey to and from the actual medical examination may be treated as duty.

(ii) Time taken by the examining medical authority to come to a decision in the matter may be treated as duty. In case where the examining authority is not quite sure of the decision to be taken, he makes a reference to the Chief Medical Director and the first decision in this case is given after reference to the C.M.D. In such cases, the period up to the announcement of the decision may be treated as duty.

Note: Periodical Examination of an employee should invariably be completed in 3 days. If a Railway doctor is not able to come to a conclusion within a period of 3 days, the entire period required for the doctor to come to a conclusion of the P.M.E should be treated as duty. However it will not include the time taken by the employee to procure spectacles or any wilful delay by the employee.

(Bd.'s No.86/H/5/11 dated 07/12/90)

(iii) Time taken by the employee to equip himself with spectacles, trusses, etc., or with any other equipment without which he/she is not considered fit for duty should be debited to the leave account of the employee concerned. This period will be from the time the examining authority recommends that artificial aids are necessary till the time the employee obtains such aids and is certified fit for duty by the competent authority. In respect of spectacles, the time up to five days spent by employee to equip himself with

spectacles for the first time or to change his existing spectacles should be treated as duty. Any case requiring relaxation beyond the period of 5 days may be reviewed at General Manager's level.

(Bd.'s No.85/H/5/10 dated 12/14-08-86 and No.99/H/5/10 dated 12/08/1999)

(iv) In the event of his/her being declared unfit an employee may appeal to the Chief Medical Director against the examining authority's decision within a period of seven days from the date of adverse report by the examining authority. If the Chief Medical Director, on appeal, confirms the decision of the first examining authority, the period of waiting from the moment of being declared unfit till the verdict of the C.M.D. would be debited to the employees leave account. If, on the other hand, the Chief Medical Director over-rules the decision of the first examining authority, such period of waiting should be treated as duty, provided the employee concerned has preferred an appeal within a week from the time the result of the original medical examination is communicated to him. It is also necessary that the appellate authority should decide the appeal within three weeks from the time the appeal is preferred.

(v) In cases where the immediate supervisor or an officer is not available to allow an employee with a fit certificate to join his/her duty on return from periodical medical examination the time taken by such administrative delay may be treated as duty.

525. Temporary unfitness of individuals appointed straight away:-

In case where due to exceptional nature of urgency an individual is appointed straight away and in the medical examination, which is carried out subsequent to his/her appointment, the competent medical authority declares him/her as physically temporarily unfit for appointment to the specified post, there is no objection to his/her being retained in service for the period specified by the competent medical authority provide that :-

(i) the period after which a second medical examination is to be conducted is specified by the competent medical authority.

(ii) the condition leading to temporary unfitness is declared as being curable within a reasonable period.

(iii) the disease is not of such nature as to be source of risk to the others, with whom the Railway employee may have to come into contact in the course of his duties, and

(iv) the approval of the Ministry of Railways shall be obtained in cases where the period of such retention is likely to exceed six months.

526. Women candidates who are pregnant:- A female candidate who, as result of tests, is found to be pregnant need not be declared temporary unfit, unless the nature of her job involves elaborate training or the post carries hazardous nature of duties like in police organisations etc.,

(Rly. Bd.'s letter No.85/H/5/28 dt. 18/03/86)

527. Foot plate staff who had suffered Head Injuries:- See Para 511 Sub-para(6)

528. Grant of leave to Railway employee who is unlikely to be fit to return to duty:-(1) When a medical authority has reported that there is no reasonable prospect that a particular Railway employee will ever be fit to return to duty, leave should not necessarily be refused to such a Railway employee. It may be granted, if due, by a competent authority on the following conditions:-

Section C:- Medical examination of Railway employees on promotion from non-Gazetted to Gazetted posts

529. Introduction:-(1) If an employee at the time of promotion to a Gazetted post falling under category (b) of para 530 below is on sick leave, both general physical examination and vision tests will be required. If, however, the employee, at the time of promotion, is not on sick leave and is on duty, only vision tests will be required.

(2) Those employees who are being promoted from non-gazetted to gazetted posts falling under category(a) of para 530 below will be subjected to medical examination for evidence of any chronic/acute illness which can interfere with the efficient performance of their duties after promotion, irrespective of the fact whether they were on duty or on sick list prior to their promotion.

(3) The details of these examinations are given below:

530. Classification of gazetted posts for the purpose:- For the purpose of examination of visual acuity of Railway employees promoted from non-gazetted to gazetted posts, the gazetted posts should be divided into two categories as follows:-

(a) All posts in Mechanical, Electrical, Civil and S&T Engg. and Traffic (Transportation and commercial) Department.

(b) All posts in other departments which are not connected with train working or use of trolley on open line.

531. General physical examination:- The standards of general physical examination, when done, will be the same as prescribed for the candidates for appointment to gazetted Railway service.

532. Vision tests:-(1) For category (a) mentioned in para 530 above, the following visual acuity standards should apply:-

Distant vision	...	... 6/12, 6/18 with or without glasses
Near vision	...	... Sn.0.6, 0.6 with or without glasses
Night vision	...	... should be normal
Color perception	...	... Both Ishihara and E.G.L should be normal
Field of vision	...	... Should be normal
Binocular vision	...	... Should be normal

Note :- (i) The difference between the power of lenses in each eye shall not exceed 4.00 D

(ii) The power of lenses shall not exceed 6.00 Diopters.

(iii) Color perception will be tested with E.G.L at a distance of 4.9 Meters with an aperture diameter of 1.3 mm and time of exposure will be 5 seconds. Ishihara also will be tested.

(iv) Defective Binocular Vision will be considered a disqualification.

(v) Posterior chamber I.O.L (Intra ocular lens) is permitted subject to following conditions:

a) In case of freshly operated IOL of less than 6 weeks duration, employee may be declared fit for Gazetted technical post provided his visual acuity is stable for 2 consecutive check-ups at an interval of 2 weeks.

b) All cases declared fit with IOL, in gazetted technical posts should report to the ophthalmologists for periodical check-up up to one year, at intervals of 6 months, from the date of fitness or at any time whenever they notice diminution of vision or any other problem in the operated eye.

c) Old cases (cases prior to 28/05/99) shall not be reopened.

(Railway Bd.'s letters No. 92/H/5/4 dt. 11/08/1992, No. 88/H/5/3 dt. 15/10/1992 , No. 92/H/5/4 dt. 09/11/1992 and No. 99/H/II/5/3 dt. 21-05-1999)

(2) For category (b) mentioned above in para 530, the following standards will be applicable:-

Distant vision	...	... 6/18 in one eye regardless of vision in the other eye, with or without glasses
Near vision	...	... Sn 0.6 in one eye, regardless of vision in the other eye, with or without glasses

Note :- (i) Total amount of Myopia shall not exceed 8.00 Diopters in the corrected eye.

(ii) Officers of the Railway Protection Force and the Medical department should, in addition, have normal color perception and night vision.

- (iii) Any organic disease which is likely to result in lowering of the visual acuity should be considered as a disqualification.

(3) All employees promoted to gazetted cadre from non-gazetted cadre will be examined for visual acuity and color vision as per standards mentioned above irrespective of their medical category in the non-gazetted cadre.

(Bd.'s No 92/H/5/4 dt. 21/08/1996)

533. Examiners :- The competent authority to conduct the medical examination of non-gazetted employees for promotion to gazetted posts is the CMS/MS in-charge of the division.

(M.O.R's letter No.E57/MB1/17 /Medical dt. 26/06/1957 and No.72/H/5/22 dt. 27/10/1972)

534. MEDICAL EXAMINATION OF EX-SERVICEMEN WHO HAVE BEEN RE-APPOINTED IN RAILWAYS AFTER RENDERING SERVICE IN ARMED FORCES

- (i) General Physical Examination: On the same standards as applicable to new recruits.
(ii) Vision tests: Acuity of vision as per the following table:

class	Distant vision	Near vision
A-1	6/9, 6/9 or 6/6, 6/12 with or without glasses. Naked eye vision not below 6/60 and power of lens not to exceed 4 D.	The combined near vision with or without glasses should be the ability to read ordinary print. Where reading or close work is required, combined near vision with or without glasses should be Sn. 0.6.
A-2	6/12, 6/12 or 6/9, 6/18 with or without glasses. Naked eye vision not less than 6/60. Power of lens not to exceed 6 D.	As above
A-3	6/12, 6/18 with or without glasses. Naked eye vision not below 6/60 and power of lens not to exceed 8.D.	As above
The candidate should not be colour blind when tested with EGL lamp(1.3mm aperture) and Ishihara plate for A-1, A-2 and A-3 categories.		
B-1	6/12, 6/24 with or without glasses. Power of lens not to exceed 8 D.	As above
The color vision should be normal with EGL lamp. No Ishihara test.		
B-2	As above Color vision not required for Bee –two and below	As above
C-1	6/18, Nil or combined. 6/18 with or without glasses.	Sn. 0.6 with or without glasses where reading or close work is required.
C-2	6/24, Nil or 6/24 combined with or without glasses. The difference of power of glasses between two eyes should not be more than + 4D	As above

GAZETTED POSTS: Standards should be the same as prescribed for serving Railway employees promoted to Group 'B' Gazetted posts.

Note: -(1) All other parameters as applicable to serving employees in different categories regarding the use of I.O.L, Keratotomy, squint, binocular vision, aphakia, etc. will be applicable as per their categories.

(2) There will be no relaxation of visual acuity for categories A-1, A-2 & A-3 if the age of the recruitee is below 35 years. They may be examined as per the standards laid down for new recruits.

535. MEDICAL EXAMINATION OF MEMBERS OF RAILWAY CLAIMS TRIBUNALS

For members of Railway Claims Tribunals who may be appointed at a very late age, medical examination will have to be conducted primarily with a view that the officer being examined is not suffering from any acute or chronic ailment which is likely to interfere with his efficient performance of duties. He should be examined with proper investigations, if required, to rule out cardiac ailments, ECG being compulsory.

Hypertension may be ruled out.

Diabetes mellitus - Fasting blood sugar and P.P. Blood sugar required to be done.

Renal pathology may be ruled out.

Hearing should be normal.

Controlled hypertension and diabetes mellitus with oral drugs or insulin may not be cause of disqualification, but officers suffering from complications/sequelae of the above diseases or any other diseases for which they may be required to be put on prolonged treatment, should be disqualified.

For visual acuity, these officers may be examined as per visual standards laid down for serving Railway employees getting promoted to Group 'B' posts not connected with use of trolley in open line.

A proper record of such certificates issued may be preserved for five years.

(Bd.'s No.94/H/5/8 dt. 01/12/1994 and dt. 23/12/1994)

Section D -Medical Certification

Sub-section I- Non-gazetted employees

536. Definition:-(1) The 'competent authority' means the authority empowered to grant the leave applied for by the Railway employee.

(2) The 'authorised medical officer' means the Railway medical officer within whose jurisdiction the Railway employee is head quartered, or one who is specially nominated for the purpose.

(3) The 'Competent Railway doctor ' means a Railway doctor empowered under para 544 to issue sick, fit, duty certificate and certificate for recommendation for leave for change of air or recuperation.

537. The different types of certificates that are issued by the Railway doctors in the event of sickness of a Railway employee are as under:-

- (1) Sick certificate.
- (2) Continuation sick certificate.
- (3) Certificate of recommendation for change of air or recuperation.
- (4) Fit certificate.
- (5) Duty fit certificate.
- (6) Invalidation certificate.

538. Sick certificate:-(1) When a railway employee, who is residing within the jurisdiction of a Railway doctor, is unable to attend duty by reason of sickness, he must produce, within 48 hours, a sick certificate from the competent Railway doctor in the prescribed form as given in annexure XI to this chapter.

(2) Should a Railway employee, residing within the jurisdiction of the Railway doctor, desire to be attended by a non-Railway doctor of his own choice, it is not incumbent on him to place himself under the treatment of the Railway doctor. It is however essential that if leave of absence is required on medical certificate, a request for such leave should be supported by a sick certificate from the Railway doctor.

(3) Sick certificate may be issued by the Railway doctor of the section in which the Railway employee resides for the time being.

(4) When a Railway employee residing outside the jurisdiction of a Railway doctor requires leave on medical certificate, he should submit, within 48 hours, a sick certificate from a registered medical practitioner. Such certificate should be, as nearly as possible, in the prescribed form as given in the annexure XI and should state the nature of the illness and the period for which the Railway employee is likely to be unable to perform his duties. The competent authority may, at its discretion accept the certificate or, in cases where it has reasons to doubt the *bonafides*, refer the case to the Authorised Medical Officer for advice or investigation. The medical certificates from the Registered private practitioners produced by the employee in support of their applications for leave may be rejected by the competent authority only after a Railway medical officer has conducted the necessary verifications and on the basis of the advice tendered by him after such verifications. However, where the Railway medical officer could not be deputed for such verifications, the certificate from the registered private medical practitioner may be accepted straightaway.

Note :- (i) Ordinarily, the jurisdiction of a Railway doctor will be taken to cover Railway employees residing within a radius of 2.5 K.M of railway hospital or health unit to which the doctor is attached, and within a radius of one kilometer of a Railway station of the doctor's line jurisdiction.

(ii) To prevent misuse of private medical certificates, the Divisional Railway Managers may withdraw the privilege as given in the concluding portion of the above sub-paragraph by special notification to the staff for special periods. In respect of workshop employees, the power to withdraw the privilege of acceptance of certificates from registered private practitioners shall be exercised by the administrative officers in J.A.G and S.A Grades.

(5) When issuing the certificates, Railway doctors will exercise care and judgement in recommending the period of absence for which the Railway employee is unable to attend duty which should be commensurate with the nature and severity of illness.

(6) The submission of sick certificate as prescribed in sub-para(1) to (5) above shall be tantamount to only an application for leave on medical certificate, and shall not be held to carry with it permission to quit the station, unless such permission is expressly given by the competent Railway doctor.

Note:- (1) A Railway employee who is placed on sick list by a Railway doctor should continue to report to him when fit to travel, or send intimation about his condition if he is bed-ridden, at such intervals as directed by the Railway doctor. If a Railway employee fails to do so, he is liable to be discharged from sick list for non-attendance.

(2) Special provisions for members of Railway Protection Force reporting Sick:

No member of the Force shall be taken on sick list by any Railway Medical Officer unless such member comes with written reference known as 'Sick Memo' from his controlling officer and also gives declaration in triplicate as per the proforma given at the end of this para.

The Controlling Officer shall issue 'Sick Memo' to the member of the Force on demand, whether such member is on duty or on leave at the Headquarters. While issuing such a memo, the controlling officer shall mention on it whether the member is required/detailed for special duty, under transfer order, facing DAR action and avoiding to attend departmental enquiry or is habitual of reporting sick, etc. In case such a member is taken on sick list by a Railway Medical Officer, the member shall intimate within 48 hours his controlling officer about being taken on sick list and submit the Railway Medical Certificate to the controlling officer.

The Railway Medical Officer taking the staff on sick list shall send one copy of the declaration as indicated in this rule to the controlling officer of the member, the second copy of the declaration will be kept by him for his record and the third copy will be handed over to the member of the Force along with Railway Medical Certificate and the member of the Force will submit the same to his controlling officer along with Railway Medical Certificate.

Provided that the member who, due to emergency, is not able to take 'Sick Memo' from his controlling officer, may directly report to Railway Medical Officer for treatment. The member will have to inform the Railway Medical Officer immediately, if he wants to report sick and give the declaration as given at the end of this paragraph in triplicate. In case the member is taken on sick list as outdoor patient, it shall be obligatory for the member to get a 'Sick Memo' from his controlling officer and submit the same to the Railway Medical Officer. If the member is taken on sick list as indoor patient, the Railway Medical Officer shall intimate the controlling officer by sending him a copy of the declaration and the controlling officer will issue 'Sick Memo' on receipt of the declaration from the Railway Medical Officer. The sick certificate, in any case, will be issued on receipt of sick memo from the controlling officer or any other equivalent or higher official.

Provided further that if a member is on leave or on duty away from his Headquarters, he may take 'Sick Memo' from the in-charge of the nearest Railway Protection Force post/out post or from Station Master/Assistant Station Master, if no Railway Protection Force post/out-post is located nearby. The in-charge of Railway Protection Force post/out-post or Station Master/Assistant Station Master issuing a 'Sick Memo' as mentioned above shall intimate the controlling officer of the member immediately. In case the member is taken on sick list as outdoor patient, he will immediately intimate his controlling officer about this fact. The attending Railway Medical Officer shall examine the member with a view to find out if the member is fit to travel up to his Headquarters, if so, he will issue fit to travel certificate.

If a member is found to be habitually reporting sick usually on occasion of his deployment to special duty or on refusal of leave he may be sent for special medical examination by competent authority to ascertain as to the genuineness of the illness.

Wherever there are more than one doctor in the hospital/Health Unit/OPD (Outdoor Patient Department), the issuance of Railway Medical Certificate for the RPF shall be dealt with only by one authorised doctor to be nominated by the in-charge of the Hospital/Divisional In-charge.

Ordinarily no Railway Medical Certificate shall be issued for more than 7 days at a time unless a member is admitted in the hospital as an indoor patient. Similarly, after discharge from the hospital, a member shall not be kept on sick list for more than 14 days at a time.

Provided that in certain circumstances if the Medical Officer concerned is of the opinion that the patient will have to be kept as an OPD (Outdoor Patient Department) case for domiciliary treatment for a longer period, the same may be done but a detailed report will have to be sent about such patient to the Chief Medical Superintendent/Medical Superintendent in-charge of the division endorsing a copy of the same to the controlling officer of the patient:-

A member who has been issued Railway Medical Certificate shall be examined regularly during the period of sickness by the Railway Medical Officers.

A member of the Force on sick list shall not leave his place of treatment without the written approval of the leave sanctioning authority except for such exercise as may be prescribed and notified in the order by the Railway Medical Officer.

To matters not covered under foregoing rules, extant provisions of Railway Rule/Indian Railway Medical Manual shall apply.

DECLARATION TO BE GIVEN BY THE MEMBERS OF THE FORCE AT THE TIME OF REPORTING SICK

I am not feeling well. I may please be issued a Medical Certificate w.e.f I shall bring the sick memo/I have brought the sick memo from my authorised Departmental Officer/Supervisor i.e.(mention designation, Head quarter/ Station of the departmental Officer/supervisor where intimation of sickness is required to be sent)

I declare that (strike out whichever is not applicable)

- 1) *I am/am not under order of transfer, temporary/Emergency duty or under D&A action.*
- 2) *That I am on sanctioned casual leave/Leave on Average Pay w.e.f..... to*
- 3) *I was not on sick list/declared fit by any railway/Private doctor immediately prior to this date*

Or

I was on sick list with and have been given fit/Transfer certificate on

Signature /L.T.I of the Employee

Name.....

Rank & Number.....

Place of Posting.....

539. Continuation sick certificate:- (1) When a Railway doctor who has issued a sick certificate for a prescribed period in the first instance finds that the illness of the employee is likely to result in the absence of the employee from duty beyond the period prescribed in the original sick certificate, he will issue immediately a continuation sick certificate in the prescribed form as given in the annexure XII to this chapter. The certificates should be serially numbered.

(2) When a Railway employee who is residing outside the jurisdiction of the authorised medical officer and is under the treatment of a non-Railway registered medical practitioner requires further extension of leave, he should submit a continuation certificate from the non-Railway medical practitioner to the competent authority who may at his discretion accept the certificate or refer the case to the Railway medical officer for advice or investigation and then deal with it as circumstances may require.

540. Certificate of recommendation for leave for change of air or recuperation:-(1) A change of air or recuperation certificate should be issued by a Railway doctor only when in his opinion a Railway employee who has recovered from a serious illness and is convalescing, requires a further period of leave for change of air or recuperation, or in the case of Railway employee who is suffering from a disease the nature of which requires a change of air. In all other cases, where a Railway employee requires further treatment for the disease which he/she is suffering from, the Railway doctor should issue a continuation sick certificate only.

(2) Medical officers of the rank of D.M.O and above are authorised to issue a certificate for change of air or recuperation.

(3) When an Assistant Divisional Medical Officer desires to recommend an employee for change of air or recuperation, he must refer the case to the medical officer in-charge of the division, or inform him in writing giving brief history of the case and the necessary recommendation. The CMS/MS of the division, will either on examination of the employee or on the strength of the recommendation, issue necessary certificate in the prescribed form as given in annexure XIII to this chapter. The certificates should be serially numbered.

541. Fit certificates:-(1) A Railway employee who has been on leave on medical certificate shall not be permitted to resume duty till he/she has produced a fit certificate or a duty certificate in the prescribed form from the competent Railway doctor.

(2) When a Railway employee, who has been under the treatment of the authorised medical officer and in whose favour a sick or a change of air or recuperation certificate has been issued is after examination found fit for duty, the competent Railway doctor will issue the necessary fit certificate in the prescribed form as given in annexure XI.

(3) Where a Railway employee remained on leave on medical grounds, up to and including three days duration and reported back for duty with a fitness certificate from a private medical practitioner, he may be allowed to join duties without obtaining fitness certificate from the Railway Medical Officer, subject to the condition that the employee furnishes a declaration that he/she has not suffered from any eye disease during this period. In cases where the duration of sickness is more than three days, the Railway employee should be put back for duty within 24 hours on his/her producing fit certificate from a private medical practitioner, provided he/she is found fit by the Railway medical Officer. However, in case there is any delay beyond 24 hours in obtaining a fitness certificate from the competent Railway medical officer, the employee concerned will be deemed to have been put back to duty within 24 hours of his producing the medical certificate from the private medical officer.

(Ministry of Railway's letter No. E(G)78 LE1-17 dt. 18/01/1979)

(4) When a Railway employee reports sick away from his/her head quarters, the local Railway doctor will, if he considers that the Railway employee is sick and unfit to work, issue a sick certificate, but as soon as the employee is fit to travel, issue a transfer memo and transfer him/her to his/her head quarter station and forward the case papers to the Railway doctor at the headquarters station for further action. In the case of relieving staff whose sickness is likely to be of less than ten days duration, the local railway doctor may return the employee to duty issuing fit certificate in his favour.

Note:- Both sick and fit certificates should have the same counter-foil and should bear the same number. Serial numbers should be printed.

542. Duty certificate:- When a Railway employee who is residing either within or outside the jurisdiction of the Railway doctor and who has been under the treatment of a non-Railway registered

medical practitioner, presents himself with a certificate from the non-Railway registered medical practitioner, has not complied with the rules on the subject, or if there is any doubt regarding the genuineness of the case, for instance, if the submission of the medical certificate is inconsistent with any known facts, or it cannot be ascertained whether the medical attendant is registered medical practitioner or not, the authorised medical officer, after careful examination, will issue a duty certificate in the prescribed form as given in the annexure XIV. The certificates should be serially numbered.

543. Invalidation Certificate:-(1) For the invalidation of a non-gazetted railway employee, a medical board is necessary. This medical board should be headed by the CMS/MS of the division. The recommendations of the medical board will be forwarded to the Chief Medical Director who is the competent authority for acceptance.

(2) When a Railway employee appears before a competent Railway doctor to obtain a certificate under this section or presents a certificate from a non-Railway registered medical practitioner and in the opinion of the Railway Medical Officer, there is no reasonable prospects that the Railway employee will be fit to resume the duties of his post, the case should be referred to the CMS/MS in-charge of the division, who will decide about the examination of the case by a Medical Board.

544. Authority for issue of different types of certificates under these rules:-

(1) Sick certificate/Fit certificate:-

Designation	Maximum period for which the certificate can be issued.
(a) Asst.Divl.Medical Officer	Up to four months
(b) Divl.Medical Officer	Up to nine months
(c) Admn.Grade Medical Officer in charge of Hospital / division	Up to eighteen months

(d) Where the total period of the certificate exceeds 18 months approval of the Chief Medical Director has to be taken.

(2) Certificate of recommendation for leave for change of air or recuperation:-

Designation	Maximum period for which the certificate can be issued.
(a) Asst.Divl.Medical Officer	Nil.
(b) Divl. Medical Officer	Up to two months.
(c) S.A.G. Medical Officer	Beyond two months and Up to Nine months
(d) C.M.D (PHOD)	Beyond 9 months.

(Railway Bd.'s letter No. [90/H/5/14 dt. 18/06/1991](#), No. 90/H/5/14 dt. 15/10/92)

545. General Instructions:-(1) When A Railway employee who is under the treatment of a Railway medical officer leaves the station where he had reported sick without the consent of the authorised medical officer or subsequently absents himself or fails to intimate the medical officer that he/she is bed-ridden and unable to attend the health unit, the medical officer shall discharge him/her from the sick list and endorse on the fit certificate -"Discharged for non attendance".

(2) A Railway doctor may be required by his superior authority to visit a Railway employee who has reported sick for the purpose of examining him/her and issuing a sick certificate. In exercising this authority, the Railway doctor should see that he complies with the directives in respect of the medical ethics by giving the employee an opportunity to have his own medical attendant present at the time of examination.

(3) During medical examination of an employee or candidate where the medical officer finds that the person is not fully fit for duty, he may be given an opportunity to come again after a lapse of some time. A written memo should be given to the person concerned advising him the reason for asking him to come again for the examination. A copy of this memo should be retained by the Medical Officer.

(4) The signature or the L.T.I. of the employee reporting sick should, as far as possible, be taken at the time of reporting sick ; failing which in any case at the time of issuing the fit certificate.

In addition, the Identity card No. of the employee may also be got entered in the sick/Fit certificates and also on the counter-foils.

Sub-Section 2- Gazetted Employees.

546. Definition:-(1) The "authorised medical officer" means the CMS/MS in-charge of the division within whose jurisdiction the gazetted officer is headquartered.

(2) The "competent railway doctor" means the CMS/MS in-charge of the division authorised to issue the medical certificates.

Note :- ADMOs/DMOs/Sr.DMOs in independent charge will however, continue to be authorised medical officers for the gazetted Railway employees stationed at places other than the Divisional head quarters.

547. Sick certificate or recommendation for leave or extension of leave on medical grounds:-(1) When a gazetted Railway employee reports that he/she is unable to attend duty by reason of sickness, the authorised medical officer, after careful examination of the gazetted Railway employee, will issue a medical certificate in triplicate in the prescribed form as given in annexure XVI, one copy of which will be retained by the gazetted Railway employee. The form prescribed should be adhered to as closely as possible and should be filled in after the signature of the applicant has been taken. The certifying officer is not at liberty to certify that the applicant requires a change from or to a particular locality or that he/ she is not fit to proceed to particular locality.

(2) when a gazetted Railway employee, head quartered at a station where there is no C.M.S/M.S I/C, reports that he is unable to attend to duty by reason of sickness, the A.D.M.O/D.M.O/Sr.D.M.Os of the station where the gazetted Railway employee has reported sick, can issue the necessary certificate and will immediately intimate the CMS/MS in-charge of the division.

(3) There is no provision of Private Medical Certificate in case of Gazetted Railway employees. If an Officer has been forwarded to the Authorised Medical Officer with a Private Medical Certificate a generally worded fit certificate on a plain paper should be issued. The fit certificate meant for Gazetted employees reporting sick with Railway doctor should not be used in these cases. A gazetted Railway employee reporting sick with the Railway doctor outside his headquarter, should be transferred to his head quarter with a 'fit to travel certificate' to report to his authorised medical officer.

(Railway Bd.'s Letter [No. 90/H/5/14 dt. 30/12/1994](#))

(4) The authorised medical Officer should intimate by telephone, letter or wire, the Divisional Railway Manager, or the head of the department, as the case may be, regarding the sickness of the gazetted Railway employee, so that necessary arrangements may be made for relief. In the cases where the sickness is likely to exceed ten days, report should be sent to Chief Medical Director. Ministry of Railways desires that as and when a high ranking Gazetted officer i.e Addl. G..M. and above is taken on sick list, information to this effect should invariably be sent to the D.G.(RHS)

(Bd.'s No. 91/H/5/1 dt. 25/04/1991)

Note :- (1) The leave sanctioning authority may waive the requirement of a medical certificate in case of application of leave on grounds of sickness for periods not exceeding three days at a time.

(2) No recommendation contained in a sick certificate shall be evidence of a claim to any leave not admissible to Railway employee under the terms of his contract or the rules to which he is subject.

(3) The information contained in the sick certificate as regards to the nature of the disease shall be treated as confidential.

(4) The certificates should be serially numbered.

548. Continuation sick certificates:-(1) When a gazetted railway employee, in whose favour a medical certificate prescribed in Sub-paras 547(1) and (2) above has been issued, requires by reason of his ill-health further leave, the competent Railway doctor will issue a medical certificate in triplicate in the form prescribed in annexure XVI adding the word "further" after "a" in line 3 of the certificate.

(2) In doubtful cases, where an authorised medical officer is unable to decide, at the time of examination, whether to grant or refuse the certificate, the gazetted Railway employee should be kept under professional observation for a period not exceeding fourteen days. In such cases, a certificate should be issued in the prescribed form as given in annexure XVII to this chapter, in triplicate.

Note:-(i) No recommendation contained in a continuation certificate shall be evidence of a claim to any leave not admissible to the Railway employee under the terms of his contract or the rules to which he is subject.

(ii) The information contained in a continuation certificate in respect of the nature of the disease should be treated as confidential.

(iii) The certificates at annexure XVI and XVII should be serially numbered.

549. Medical certificates of fitness for return to duty:- (1) A gazetted Railway employee who has been issued a medical certificate (vide para 547 and 548), before he is declared fit to return to duty, should be issued a certificate of fitness in the prescribed form as given in annexure XVIII to this chapter, in triplicate.

(2) At the time of issuing this certificate, the competent Railway doctor should peruse the original medical certificate issued in favour of the gazetted railway employee.

Note:- These certificates should be serially numbered.

550. Certificates of invalidation from service:- (1) A Railway employee shall not be invalidated out of service on account of ill health except on the certificate of a medical board. Such a certificate will be issued in the prescribed form as given in annexure XV to this chapter, in triplicate. The certificates should be serially numbered.

(2) If the medical board is unable to say with certainty that the Railway employee will ever again be fit for service, the medical board will recommend leave not exceeding one year in the first instance. Such leave should not be extended without further reference to Medical Board.

(3) The employee will be considered invalidated with effect from the date of recommendation of the Medical Board in case the same is accepted by the Chief Medical Director.

(Rly. Bd's Letter No.No 2000/H/23/1 dt 25/05/2000 & No.2000/H/23/1 dt 10-05-2001)

551. Grant of leave:- The grant of a certificate under the provisions of the above section does not in itself confer upon the Railway employee any right to leave. The certificate should be forwarded to the authority competent to grant leave and the orders of that authority should be awaited.

Sub-Section 3 -General

552. Issue of certificate on the strength of medical evidence/opinion:- (1) The doctor should issue a sick certificate to cover only the period during which the patient has been actually under his observation/treatment. The doctor may issue a certificate to cover the period of sickness of an earlier date only if he is requested by the administration for such a certificate and if he is satisfied about the genuineness of the case on the strength of medical evidence available with him, which should be recorded in detail.

(2) In case where the patient staying at some distance from the hospital/health unit needs rest for a few days for recuperation/convalescence after a period of illness, the doctor may issue him a fit certificate on discharge from the O.P.D/ indoor hospital, at the same time recommending him to resume duty from a specified date later on- not beyond 4 days from the date of discharge. An endorsement to the effect that "----"days leave has been recommended for convalescence should be made on the counter-foil.

(Section IV of the I.R.E.M and Rules 2229 to 2234-RII and Ministry of railway's letter No.60/M&H/7/29 dt. 29/11/1960, No. 62/H/1/21 dt. 27/04/1962, No.64/H/7/49 dt.06/04/1964, NO.64/H/1/50 dt. 22/09/1964, No. 65/H/7/162 dt. 09/12/1965, No.68/H/1/12/dt. 22/05/1970, 26/06/1970 and 24/11/1970, No.62/M/6-1/27 dt. 11/01/1973, No.68/H/1/12 dt. 26/07/1973, nO. 73/H/6-1/26 dt. 21/11/1973 No.79/H/5/37 dt. 04/12/1979 and No.FE III/74/PNI/14 dt. 13/07/1976)

Section E - Medical Boards

553. Classification of Medical Boards:-(1) Medical Boards may be classified into two categories, namely:-

(a) Obligatory, and

(b) Optional.

(2) A medical board is **obligatory** in the following cases:-

(a) **Gazetted Railway employees:-**

(i) for the examination of candidates for appointment into Group A and Group B services on the Railways and elsewhere, under instructions from the Railway Ministry;

(ii) for invalidation from service on account of ill-health;

(iii) for commutation of pension if the employee's application for commutation of pension has not been received by the Head of office within one year of retirement of the employee.

(b) **Non-Gazetted Railway employees:-**

(i) for invalidation from service on account of ill-health; and,

(ii) for commutation of pension if the employee's application for commutation of pension has not been received by the head of Office within one year of retirement of employee.

(3) The holding of medical board is **optional** and is left to the discretion of Chief Medical Director to convene under the following circumstances:-

(i) Prior to issue of certificates in cases involving decisions on matters of clinical difficulty and alleged fraud or malingering.

(ii) Prior to issue of certificates and reports in cases of non scheduled injuries or disablement likely to be subject of dispute under the Workman's Compensation Act.

(iii) Prior to issue of certificates of fitness or unfitness for further service to non gazetted employee where the decision rests on the interpretation of points of special clinical difficulty and involves the safety of public or urgent departmental requirements.

(iv) Where the Chief Medical Director considers examination by a board desirable for any special reasons.

554. Constitution of medical boards:-(1) A medical board should normally consist of three medical officers. The senior most among the three will be the chairman of the board.

(2) As far as possible one of the members of the board should be a physician, another a surgeon, and the third a specialist in the required field, like eye specialist in case of medical examination for recruitment to Gazetted services Class I and Class II or for invalidation of employee for reasons of visual defects etc..

Note:- The inclusion of an ophthalmologist is not necessary in the case of second medical board, when a candidate is declared unfit for reasons other than visual defects.

(3) For medical examination of female candidates for their appointment to gazetted posts, a senior lady doctor should be co-opted on the medical board, if the board does not already have a lady member. In case this is not feasible the physical fitness of the candidate may be examined by a non-member Railway lady doctor and her findings made available to the medical board.

(4) The reports of all medical boards should be treated as confidential.

(5) In case where a medical board, constituted to examine a candidate for appointment to a gazetted post, considers that a minor disability disqualifying a candidate for government service can be cured by treatment (medical or surgical), a statement to that effect should be recorded by the medical board. In such cases, there is no objection to a candidate being informed of the board's opinion to this effect by the appointing authority and when a cure has been effected it will be open to the authority concerned to ask for another medical board.

(6) The medical officers constituting a second medical board, when constituted to examine an appeal preferred by a candidate for gazetted services against the judgement of the first medical board, should be different from those of the first medical board who examined the candidate, but in no case should include any of the medical practitioners from whom the candidate has produced the certificate of fitness.

555. Constitution of a special medical board:- A special medical board, when constituted to deal with an appeal preferred by a candidate for a gazetted services who is declared unfit on account of visual acuity, should normally include two ophthalmologists. However, in cases, where the Railways find it difficult to get two ophthalmologists of the equivalent rank of D.M.Os to serve simultaneously as members of such a special medical board, only one ophthalmologist may be included. Whenever it is necessary to co-opt a non-Railway medical officer on the Railway medical board, the Railways should limit their choice to medical officers in the service of the Government or honorary medical officers working in Government hospitals.

556. Procedure for holding medical boards:- (1) All medical boards will be convened under the orders of the Chief Medical Director except for the examination of candidates for appointment to class I and class II services, which are convened under the instructions from the Ministry of Railways.

(2) The CMS/MS in-charge of the division desiring to refer a case to the Chief Medical Director for examination by a medical board, should submit in duplicate a complete history of the case including investigation reports giving the following details of the Railway employee.

- (i) Name
- (ii) Designation
- (iii) Date of appointment
- (iv) Permanent or temporary
- (v) Category to which she/he belongs
- (vi) Sickness particulars during the last two years
- (vii) Reasons for holding the medical board
- (viii) Two identification marks.

(3) The Chief Medical Director, on receipt of the report, will nominate the constitution of the Medical Board giving the date, time and place where it is to be held, unless the Railways have constituted a standing medical board for this purpose.

(4) Normally, such medical boards will be convened at the head quarters of the CMS/MS of the division referring the case, unless the nature of the case is such that the Railway servant is unable to undertake the journey to the place at which the medical board is to be held in which case it will be held at the nearest Railway hospital or health unit where the patient resides.

(5) The findings of the medical board, duly signed by the chairman and members, should be submitted to the Chief Medical Director by the president in quadruplicate. They will be in the form of a recommendation and will be free from ambiguity.

(6) The CMS/MS of the division referring the case will keep a copy of the results of the various examinations conducted, as well as the copy of the findings of the medical board, for record in his office. The president of the medical board will also keep a copy of the findings for records in his office.

557. Realization of fees and sharing thereof:- A fee of Rs 30/- should be collected from each candidate asked to appear before a medical board. Out of this amount Rs 9/- should be credited to the Railway revenue and the rest of the amount to be equally shared among the three medical officers including the non-Railway medical officer, if any, for the services rendered. When, however, it is not possible to get the services of a non-Railway medical officer for the fees prescribed, the Ministry of Railways may be approached for relaxation. This fee is charged for Group 'A' and group 'B' candidates for appointment and commutation of pension of retired Railway employee, if the retired employee is not a member of the Retired Employees' Liberalised Health Schemes.

(Bd.'s No 90/H/5/3 dt. 24/08/92 and dt 19/10/1992)

558. Payment of travelling allowance to non-Railway members:- The state medical officers, who are asked to serve on the Railway medical Boards, may be allowed travelling allowance by the Railway

authorities in addition to the normal share of the fee that they get from the candidates. In such cases, however, passes should be issued and the travelling allowance regulated under the state government rules as applicable to them.

(Rules 2228 and 2230-R II , Railway Ministry's letters No. E54ME5/27/3 dt. 14/10/1955, No. E58ME5/52 Medical dt. 7-9/04/1960, 30/07/1960 and 21/09/1961 and No.64/H/1/62 dt. 31/12/1964, no.64/H/1/2 dt. 12/02/1965, No. 65/H/1/21 dt. 28/06/1967, No.67/H/3/12 dt. 10/08/1967 and No.FE III/PNI/14 dt. 13/07/1976)

Section -F - Medical Recommendations

559. Types of Medical recommendations:- The medical recommendations that are issued to the Railway employees by the Railway doctors comprise of the following:-

- (i) Recommendation for light duty/change of occupation,
- (ii) Recommendation for transfer, postponement or cancellation of transfer on medical grounds,
- (iii) Recommendation for allotment of a Railway bungalow/quarter for better accommodation, and

560. Authority competent to make recommendations:- Medical recommendations of the types referred to in item (i) to (iii) above will be made to the competent authority directly by the Divl. Medical Officer in the case of non-gazetted staff. In the case of gazetted staff up to J.A grade, the recommendations may be made by in charge S.A.G medical officer of the division but should be forwarded to the Chief Medical Director if the period exceeds six months. For recommendations for officers of the rank of S.A.G. and above, CMD/PHOD will be the competent authority.

(Bd.'s No 90/H/5/14 dt. 18/06/91 and dt. 15/10/92)

561. (A) Recommendation for light duty -(1) Such recommendations are to be made by a Railway doctor in favour of an employee when, in his opinion, the Railway employee who had been under treatment for serious illness or injury is fit to resume duty in his original post but not fit to perform all the duties connected with that post.

(2) The medical officer (of the rank of D.M.O or above), before making the recommendation, should first ascertain from the competent authority, eg., the departmental superior of the employee concerned, whether it will be possible to provide the employee with such duty of light nature in his original post which will be compatible with Railway working.

(3) On hearing from the competent authority that such a request can be complied with, the Railway doctor will make necessary recommendation in the prescribed form as given in annexure XIX to this chapter, specifying the nature of light work or occupation and the specified period for which it is recommended. Such a recommendation should not exceed a period of three months in the first instance after which the case should be reviewed and under no circumstances should it exceed a period of six months.

(4) If the competent authority indicates its inability to provide temporary light duty or change of occupation, the employee should be kept on sick list till he is fit for duty or is de-categorised. The period of waiting should not exceed six months.

(B) Certificate of Decategorisation or Change of occupation : (1) If after the expiry of the period of six months granted under the certificate of recommendation of light duty, the employee is considered by the Railway doctor medically unfit for the duties of his original post, but not unfit for service on the other posts, the competent Medical Officer will issue the necessary certificate in the prescribed form as given in the annexure XX to this chapter, for a suitable permanent alternate appointment either in the same medical category or in a lower category.

Note :-(i) Recommendations should be of a general nature, no specific job being mentioned.

(ii) All employees being considered for decategorisation/permanent alternate appointment should be examined by a Medical Officer not below the rank of J.A Grade.

(iii) All such recommendations of permanent nature should be made only after the employee has been examined by a specialist in the field of the disease which the employee was suffering from. In the case of non availability of a specialist, the opinion of the Honorary consultant will be obtained and recorded.

(iv) The recommendation of the examining medical officer will be forwarded to the CMS/MS in charge of the division, who will be the accepting authority.

562. Recommendation for transfer, postponement or cancellation of transfer on medical grounds:- The Railway doctor should not take initiative in making such recommendations. Application for such requests will be made by the employee through his competent authority, who will forward the same to the Railway doctor. Before making such recommendations, the Railway doctor should consider carefully all the aspects of the case specially of the fact whether such a recommendation is in the interest of the employees health or the health of the family members and that it is compatible with the Railway working. When recommending postponement of transfer, the Railway doctor should state a definite period for which such a recommendation is made and keep the period to the minimum and in no case should it exceed six months.

Note:- When making such recommendations for transfer, the Railway doctor may express an opinion which should be of general nature, for example suitability or otherwise of dry climate, cold climate, sea side, touring duties or of working in connection with vehicles, etc. Recommendations regarding postings to a particular station or job must not be made.

563. Recommendations for allotment of a Railway quarter for better accommodation:- A Railway doctor may make recommendations for allotment of a Railway bungalow/quarter or a change for a better accommodation to a Railway employee:-

(i) Where he considers that either the railway employee himself or a member of his family is suffering from a disease which warrants bigger or healthier accommodation which the Railway employee cannot provide himself otherwise, or

(ii) Where the patient is subject to a disease which calls for immediate medical attention and the residence of the employee is desired to be near a hospital or health unit.

564. Disposal of recommendations:- All recommendations will be dealt with by the competent authority at his discretion and will not in any way give the right to the employee to demand the same nor will it be obligatory on the Railway administration to comply with the same.

Section G- Medical Examination and Certification for drunkenness on duty.

565. Definition of "drunk":- A person is 'drunk' when he is so much under the influence of an intoxicating drink or drug as to loose control of his faculties to such an extent as to render him unable to execute safely the occupation at which he is engaged at the material time.

(Ministry of Railway's letter No.69/H/3/26 dt. 03/01/1970)

Note: POLICY GUIDELINES FOR DRUNKENNESS ON DUTY

Railway Medical Officers are to be conversant with the policy, techniques and procedures about the collection of blood samples for the presence of alcohol to detect drunkenness on duty.

Item No 1. Safe limits of Blood Alcohol Content (BAC)

No. alcohol is admissible in the blood of staff working on the trains and zero blood alcohol levels are admissible . The above direction are in conformity with Railway Board's Directorate's letter No. 2001/Safety-a/23/4 dated 27th Nov. 2001. It is possible that there could be a significant time gap between the consumption of alcohol by an individual and the time at which blood samples are collected and analysis, which may result in some time related depletion of alcohol content.

Item No. 2 Authorization of Railway Medical Officers, for collection of blood.

Railway Medical Officers, are authorized to collect blood Samples and send them for analysis . Instrucons already exist regarding collection of blood samples for estimation of alcohol content form staff that is involved in railway accidents. If any person refuses to give his/her blood sample , when administration order it, then a departmental action can be initiated against him/her for insubordination. All cases of refusal should be recorded and got witnessed by a third person.

Item No. 3 Procedure and modalities of blood collection and testing.

Instruction already exist regarding collection of blood samples from loco engine crew and guards of trains involved in accidents. Serum or plasma is by far, ideal specimens for estimation of alcohol.. It is possible that the procedure i.e collection of blood and subsequent analysis in a lab may take some time and cause depletion in the levels. The samples are be collected preferably in two separate glass receptacles.

- 1) One containing anti-coagulant crystals/solution and
- 2) A plain dry clean bottle.

The following anti-coagulant/preservatives can be used for preservation of blood samples:-

- 1) Sodium fluoride in concentration of 20 mg per each ml of blood , or
- 2) A mixture of Sodium citrate and mercuric chloride @ 0.5 mg sodium citrate and 0.1 mg of mercuric chloride per each ml of blood.

Certain points to be observed for collection of blood specimens are :-

- I) For collection of blood, 5 no of vaccuainers or glass bottles of 5 ml size with a stopper are to be kept in ARME Scale I/II, Pomka/emergency medicines almirah of the hospital/Health Unit.
- II) A total of 10 ml. of blood is to be collected @ 5 ml each in two glass receptacles one plain & dry and another with an anticoagulant preservative and stopper
- III) The sample should be properly sealed and labeled before sending it to the laboratory for analysis.
- IV) Signature of the employee whose blood sample has been collected should be taken on label applied to glass receptacle and on the memo sent to the lab along with the blood sample.
- V) The blood sample collected in the plain glass receptacle should be sent for analysis immediately and the sample collected in the glass receptacle with preservative should be kept in safe custody for analysis, at a later date if needed.
- VI) Skin to be disinfected with a non-alcoholic product to avoid contamination of the sample , e.g Benzalkonium chloride, Aqueous mertheolate, Thiomersal, Povidone iodine, etc. Adequate amount of above mentioned antiseptic should be kept handy along with vaccuainers/glass bottles.
- VII) The sample should be sent to a well- equipped laboratory immediately and if stored is should be kept in a refrigerator at a temperature between 2 and 8 degrees.Celsius
- VII) The samples can be got tested at any Govt. or private lab at the earliest.

(Bd's No 99/H/7/C.Rly dt 15-12-2003)

566. All drunkenness cases to be examined carefully:-(1) Every case of drunkenness is a potential medico-legal case and the railway doctor called upon to certify such a case should make a careful examination and should note down every important particular.

(2) Railway doctor may also have to issue drunkenness certificates to persons presented by police at places where there is no civil hospitals or dispensaries and only a Railway hospital or health unit exists.

(3) In places where prohibition is in force, it is an offence even if one has imbibed alcohol, let alone getting drunk. When such a case is brought, the Railway doctor should carefully examine the case and certify as to whether (a) the person has imbibed alcohol but not drunk or (b) the person is actually drunk. i.e. under the influence of alcohol.

(4) The proforma for recording of particulars of a suspected case of drunkenness is given in annexure XXI to this chapter. This form should always be kept handy as the Railway doctor may be called upon to certify drunkenness at any moment and sometimes away from his head quarters.

(5) It is desirable that a Railway doctor, when certifying cases of drunkenness, should base his opinion on the following considerations:-

- (i) Whether the person concerned has recently consumed alcohol.
- (ii) whether the person concerned is so much under the influence of alcohol as to have lost control of his faculties to such an extent as to render him unable to execute safely the occupation in which he was engaged at the material time.
- (iii) Whether his state is due, wholly or partially, to a pathological condition which has caused symptoms similar to those of alcoholic intoxication, irrespective of the amount of alcohol consumed.

(6) He should not certify the case as drunk just because the patient is smelling of alcohol. The quantity taken is also no guide, but the fact of impairment of his capacity to perform his duties has to be taken into account.

567. Instructions regarding issue of certificate of drunkenness:-(1) When a railway doctor is called upon to certify a case of drunkenness in a Railway employee, he should after careful examination, immediately report by a telegram or urgent letter his opinion to the immediate superior or Divisional Officer of the employee concerned intimating whether the employee has to be put off duty or not.

(2) When a Railway doctor is asked to certify the crew of a running locomotive and if on examination he finds a member of the same under the influence of alcohol, he should immediately issue a memo to the authority concerned to put the person off his duty.

(3) As far as possible, a senior doctor should undertake to examine such cases of drunkenness rather than depute the juniors, and in case of doubt, should refer the case to the C.M.S./M.S in-charge of the division.

Section H- Medical Examination and Certification for Mental Instability

568. All mental instability cases to be examined carefully:-(1) Every case of mental instability is a potential medico-legal case and the Railway doctor who is called upon to examine and certify such a case, should go over it carefully and elicit all the relevant points. The proforma for recording the examination points is given in annexure XXII to this chapter.

(2) He should particularly be careful to see whether the case is genuine or feigned insanity.

569. Term " Mental Instability" to be used:-(1) While certifying a case of mental diseases under treatment the Railway doctor should certify the case as "mental instability" and should not use the term 'insane' or 'mentally deranged'.

(2) Further the doctor should be well conversant with terms like "delusion"," hallucination," "illusion," "impulses", " obsession" and "lucid intervals", etc., as these are often used in giving evidence in a court of law. The medical officer should also make every effort to differentiate between Psychosis and Psycho-neurosis.

570. Procedure to be adopted by the Railway doctor when a Mental case reports sick:-(1) If a person is placed on sick list for mental disability, an intimation should be sent to the CMS/MS in-charge of the division concerned without delay. If the person is non-violent, he should be admitted for observation in In-door. If the person is violent, the CMS/MS in-charge of the division should be advised and he will arrange to visit the patient at the head quarters of the patient, as soon as possible, after receiving the information.

(2) If a person has reported sick on a private medical certificate, it is for the department to accept or refuse the same. If the opinion of the medical department is sought by the employing department, the procedure outlined in the preceding para should be followed.

571. Declaring mental cases fit for duty:-(1) In medical board on mental cases, Railway's own Psychiatrist or a Government mental specialist should be a member. If this is not possible, the CMS/MS in-charge of the division may declare a mental case fit, if a certificate from a mental specialist is produced and he agrees with the recommendations contained therein.

(2) When a person appears with a fit certificate from a private medical practitioner, with a view to taking up duty, the case should be referred to CMS/MS in-charge of the division, who will examine him and may insist, if necessary, on the production of fit certificate from a mental specialist.

572. Procedure for admission of a case to a mental hospital:-(1) A nearest relative, who has attained the age of majority, should apply to the Magistrate by a signed petition, supported by two medical certificates, one of which should be from a Government Civil surgeon and the other from a medical practitioner with a minimum qualification of a M.B.,B.S. degree. These certificates should be independent of each other. The application should reach the Magistrate within seven days of the issue of the medical certificates. On the strength of these, the Magistrate will issue reception order for admission of the person to a mental hospital, provided there is room for admission, the superintendent of the hospital is willing to take the patient, and the petitioner is willing to pay the staying charges of the hospital.

(2) Railway employees themselves are governed by the rules contained in section D of Chapter VIII of this Manual.

573. Discharge of a patient from a mental hospital:-(1) The patient when cured will be discharged from a mental hospital on being certified by the Superintendent.

(2) Even if the patient is not fully cured, he may be discharged from the mental hospital on the written application of the relative to the superintendent that he will look after the patient, provided of course, that the patient should not be dangerous to himself or others.

574. List of posts in which staff having recovered from mental diseases should not be employed:-

(a) Any duty which will entail the charge of a locomotive or a moving vehicle, for example Driver, shunter, Guard etc.,

(b) Any duties connected with locomotives or moving vehicles where interference by the employee in charge may result in disaster.

(c) Any duties connected with signaling.

(d) Any duties in connection with running trains which would subject the individual to great mental strain for example, "control duty".

(e) Any technical duties involving more than ordinary strain and self control.

(f) Any duties connected with the travelling public which demand a firm control over temperament for example, Platform inspector, assistant station master, Booking clerk, Ticket collector, etc.,.

(g) Any duties which involve a higher financial responsibility than ordinary clerical duties, for example Pay clerk, Cash witness, etc.,.

(h) Any duties in which loss of control or a relapse of the disorder may result in loss of life and damage to the property.

(i) Any other employment in the Railways, which although not specified above, is considered by the head of the department or the Divisional Railway Manager to be unsuitable for the Railway employee who has been subject to mental instability and is quite possibly liable to recurrence.

Section I- Medical Examination and Certification of Assault cases and Other Medico-legal Cases

575. Instructions for dealing with assault cases and medico-legal cases:-(1) All assault cases are potential medico-legal cases and as such should be referred to civil medical officer or to civil hospital or civil dispensary.

(2) In places, however, where there are no civil hospitals or dispensaries and only a Railway hospital or health unit exists, the cases may be brought to the Railway doctor. In such cases, the Railway doctor should give first-aid treatment and then direct the patient to the nearest civil hospital/dispensary. In such cases, the Railway doctor may give an injury/wound certificate on request from the police. Injury/wound certificates may be issued only on the written request of a police officer. A true copy of the same should be retained by the doctor.

(3) Assault cases occurring in the Railway premises or amongst the Railway employees may be brought to the Railway health unit or the hospital by the police, or these cases may come directly. In such cases, the Railway doctor should attend to the injured and keep their complete record, which he might be called upon to produce in the court later.

(4) Medico-legal examinations in circumstances where no medical aid is required should be undertaken only at those stations where the administration has specifically agreed to undertake this type of work.

(5) While examining assault cases, a doctor should go over the cases methodically, thoroughly and carefully, as there is always a likelihood of the examining doctor being called to give evidence in a court of law. While giving evidence, he will have to produce the relevant records connected with the case. He should especially note the following points:-

- (a) Time of admission, or the time of seeing the patient.
- (b) The persons by whom brought. If it is a police constable, his number should be recorded.
- (c) The name, occupation and full address of the person assaulted.
- (d) Two identification marks.
- (e) History of how, where, when and by whom the person was assaulted.
- (f) Details of injuries on the person. their nature- simple, grievous. If any open wounds their length, breadth, depth and situation of the same.
- (g) The duration of the injury: hours or days.
- (h) The type of weapon used, whether dangerous or other wise.
- (i) If fracture is suspected, an X-ray is to be taken. In cases this facility is not available at the station, it should be taken as soon as the person assaulted is in a condition to be removed to such other station where such facility exists.

Note:- A dangerous weapon means any instrument used for shooting, stabbing, cutting or any instrument used as a weapon of offence which is likely to cause death.

576. Classification of Injuries :-(1) Injuries are classified into "grievous" and "simple". The following types of injuries are classified as "grievous".

- (a) Emasculation.
- (b) Permanent privation of the sight of either eye.
- (c) Permanent privation of the hearing of either ear.
- (d) Privation of any member or joint.
- (e) Destruction or permanent impairing of the powers of any member or joint.
- (f) Permanent disfiguration of the head or face.
- (g) Fracture or dislocation of a bone or tooth.
- (h) Any hurt which endangers life, or which causes the sufferer to be, during the space of twenty days, in severe bodily pain or unable to follow his ordinary pursuits.

(2) Injuries other than those described above are "simple" injuries.

577. Dying declaration:-(1) If the condition of the patient becomes serious and if the doctor should think that the injured person would not survive, he should report the same to the police officer by phone or in writing, as the case may be, and should note the time of message given.

(2) The police officer in turn would inform the Deputy Magistrate, Tehsildar, or the Honorary Magistrate, as the case may be, to have the dying declaration taken. If the case is not by the police but is directly admitted, the Railway doctor may inform the Magistrate directly. In the absence of these the doctor should take the dying declaration himself in the presence of a police officer and two other witnesses.

(3) The Railway doctor should take verbatim what the patient says and should not put any leading questions. It should be read over to him and the patient should sign the same if he is able to do so. If he is illiterate his left hand thumb impression should be affixed. The signature or left hand thumb impression should be attested by the writer and by the two witnesses who are present. Under no circumstances should the police officer take the dying declaration.

578. Death Certificate:-(1) All deaths which are violent or unnatural, sudden and unexpected due to unknown causes, have to be reported to the coroner or to the police authorities. Once the coroner or the police authorities are informed of the death, the entire responsibility for certification rests with them. In such cases, all that the Railway doctor called on to examine the deceased may say is that "life is extinct" without giving any formal death certificate.

(2) Similarly if death takes place in case of assault, the Railway doctor should not issue a death certificate, but should send the case to the civil medical authorities for post mortem examination. When the

police report is received, then a death certificate may be issued with the endorsement ;" Issued after receipt of post mortem report".

(3) In a death certificate, the doctor should give the name of the deceased, his approximate age, his occupation and full address, if available and two marks of identification. He should state the actual cause of death, time, date and place.

Note:- In case of sudden or unexpected death, unless the doctor himself was present and he could conscientiously certify the true cause of death, he should not issue a death certificate.

Section J- Post Mortem Examination

579. Object:-(1) The object of post mortem examination of a body is to establish its identity when not known, and to ascertain the probable time since death and the probable cause of death; and in case of the body of the newly born infant, the object is also to determine the question of live birth and viability.

(2) Undertaking of post mortem work:- The Railway doctor should perform post mortem examination where the Railway administration has especially agreed to undertake this work.

(3) The Railway doctor concerned should then see that the facilities for post mortem examination exist at the hospital/health unit.

(4) Further, a medico-legal post mortem should never be undertaken unless there is a written order from the superintendent of police or the District Magistrate.

(5) Instructions for dealing with post mortem work:- Before commencing the examination the medical officer should carefully read the police report on the appearance and the situation of the body and the cause of death as far as could have been ascertained. This precaution is necessary especially in the case of decomposed bodies, so as to enable him to examine particularly the organ or the part of the body most suspected for the evidence of death.

(6) Identification of the body should be done by the officer who presents the written request for the post-mortem examination or by his deputy in the presence of the doctor.

(7) The examination should be conducted in day light, and not in artificial light. It should also be as thorough and complete as circumstances permit. Methodical examination should be made from head to foot and all the details to be noted under abrasions, bruises, nail marks, burns, wounds, gunshot wounds, fractures and dislocations, and their situation.

(8) The three great cavities, Cranial, Thoracic and abdominal and the organs contained in them should all be carefully examined even though the apparent cause of death has been found in one of them to avoid unnecessary and sometimes unpleasant cross question in court, in as much as evidence of factors contributory to the cause of death may be found in more than one organ. In suspected cases of poisoning, the viscera should be preserved and sent to the Chemist for analysis. In women vagina, uterus and ovaries should be examined.

(9) Ordinarily the body is sent to the morgue but in exceptional cases, the Medical officer may be taken to the place where the body is lying. In that case he should note the place and the nature of the soil where he found the body and also its position especially as regards the hands and feet, and the state of the clothes, if any. He should also note, in case of death from violence, the position of the body in reference to the surrounding objects, such as sharp stones and the likely contact which, it might be alleged, had produced the injury, and also whether any blood stains were visible on such objects or anywhere near corpse, and whether any weapons were lying near it. The ground in the vicinity should be carefully searched for the presence of foot prints and any evidence of struggle. In the case of suspected death from poisoning, he should note whether any appearances of vomited matter etc. were present in the neighborhood of the body.

(10) All the details observed by the medical officer should be carefully entered on the spot by himself in the post mortem report or in a notebook, which can be used as evidence in a legal inquiry. He should not mind the report getting soiled, in fact this will enhance the value, in as much as it goes to prove that it was written at the time when the facts were still fresh in mind. If there is an assistant, the best plan is to dictate to him as the examination proceeds step by step, and then read, verify and attest the report. It is not safe to trust memory and to write the report later on after completing the examination. the notes and the report to be sent to court must tally with each other. There should be no discrepancy. Nothing should be erased and all alterations should be initialed.

(11) The medical officer holding the post mortem examination should note the time of the arrival of the body at the morgue, the date and hour of the post mortem examination and the name of the place where it was held. There should be no unnecessary delay in holding of the post mortem examination. It should be made as soon as the papers are brought and the exact time of delivery of these papers should be noted.

Section K- Other General Instructions regarding Medical examination

580. Examination of serving Railway employees suffering from contagious diseases. etc.:-(1) Where the competent authority has reason to believe that a Railway employee is suffering from :

(a) either a contagious disease, or

(b) Physical or mental disability which, in the opinion of the authority, interferes with the efficient discharge of the Railway employee's duties, that authority shall relieve the Railway employee from duty and arrange for medical examination of the Railway employee forthwith and the Railway employee will be considered to be on leave.

(2) If the examining authority subsequently expresses the opinion that it was unnecessary for the Railway employee to have been relieved from duty, he will be put back to duty and such leave shall not be debited to the leave account of the employee. The period of absence from the date of relief from duty in terms of the above provisions to the date he is put back to duty shall be regarded as duty.

(3) On the basis of the opinion expressed by the examining medical authority and subject to the provision contained hereinafter, the competent authority may require the Railway employee either to continue on leave or to retire from service.

(4) For the purpose of the rules contained in paras 580(1) to 580(7), the competent authority in relation to a Railway employee shall be the authority as specified below:-

Gazetted Railway employee, Group 'A'	..	..	Railway Board
Gazetted Railway employee, Group 'B'	..	..	General Manager
Non-Gazetted Railway employee	..	..	Divisional or Senior scale Officer

(5) If the employee has to be incapacitated from service, then the rules regarding invalidation from service should be followed.

(6) The authority directing the Railway employee to undergo medical examination shall communicate to the examining medical authority all such details concerning the medical history of the case as available in official records of the case, and shall include a directive that the standard of the physical fitness to be adopted should make due allowance for the age and the length of service of the Railway employee concerned.

(7) The authority directing the Railway employee to proceed on leave pending medical examination shall also intimate the fact to the examining medical authority and require it to express an opinion on the necessity for the Railway employee to have been required to proceed on leave.

(8) If the examining medical authority finds the Railway employee to be in bad state of health and considers that a period of absence from duty is necessary in his case for the recovery of his health, it may recommend the grant of leave to him for that period.

(9) If the authority considers that there is no reasonable prospect of the Railway employee recovering his health and becoming fit to resume his duties, it shall record the opinion that the Railway employee is permanently incapacitated for service, and shall also give reasons for that opinion.

(10) In either case, the examining medical authority shall communicate its findings to the authority which directed the Railway employee to undergo the medical examination .

(11) A Railway employee in whose case the grant of leave is recommended by the examining medical authority shall be required to continue on leave by the authority competent to grant him leave as soon as the findings of the medical authority becomes available.

(12) The leave granted shall be of such nature, and for such period, as would be admissible to the Railway employee under the rules applicable to him if he had applied for the leave on medical certificate provided that the period of leave shall not extend beyond the date of expiry of the period recommended by the medical authority.

(13) A Railway employee declared by the examining medical authority to be permanently incapacitated for further service shall be retired from service, but before the Railway employee is actually retired from service, the authority which directed him to undergo medical examination shall inform him in writing of the action proposed to be taken in regard to him indicating briefly the grounds on which such action is proposed to be taken.

(14) The Railway employee shall be informed that :-

(a) Subject to the provisions of para 528, and orders regarding grant of leave to persons suffering from specified diseases like tuberculosis, his retirement will have effect on the expiry of the period of one month from the date of communication unless he desires to retire from an earlier date.

(b) He may submit, if he so desires within a period of one month, a request to be examined by a Medical Review Board supported by prima facie evidence that grounds exist for doing so; and

(c) If he prefers a request for examination by a Medical Review Board, he shall be liable to pay the fees prescribed under para 580(17)

(15) For the period from the date of communication up to the date of retirement under para 580(16), the Railway employee shall be granted leave under the rules applicable to his post or service as if he has applied for leave on medical certificate.

(16) On receipt of the application for review, the competent authority shall take steps to constitute a Review Board in consultation with the Chief Medical Director of the Railway. If the review Board confirms the opinion of the examining medical authority, the retirement of the Railway employee shall, subject to the provisions of Para 528, be effective from the date on which the decision is communicated to the Railway employee. If on the other hand the Review Board recommends grant of leave to the Railway employee, action shall be taken as provided in Para 580(11) and 580(12).

(17) The entire expenditure involved in assembling the Review Board shall be borne by the Railways, provided that the Railway employee shall be required to pay a fee of Rs 30/- which shall be refunded if the Railway employee is not retired as recommended by the first medical board.

581. Medical Examination, Preferably near the Home Stations:- Medical examination of a candidate should be arranged only at such places where arrangement for such examination exists, but preferably nearest to the place of residence of the candidate. In case he happens to reside at a station nearer or on a non-employing Railway, the employing Railway should issue necessary memo to the other Railway for arranging medical examination at a centre nearest to the home station of the candidate.

582. Issue of passes to Staff sent up for Medical examinations:- All staff sent up for medical examination should be provided with passes for their to and fro journeys by their concerned departments.

583. Issue of age certificates to juvenile offenders:-(1) Railway Magistrate, when trying juvenile offenders for ticket-less travel, may require medical certificates assessing the age of the offender.

(2) Since the work concerned is connected with the day-to-day Railway work, such age certificates should be issued by Railway Medical Officers when the offenders are referred to them for the purpose.

(Ministry of Railway's letter No. E 56 ME 1/23/Med. dated 30/07/1956)

584. Medical examination at the time of confirmation:- A Railway employee already examined in the category appropriate to the post in which he is being confirmed need not be sent for re-examination unless he is being confirmed in a post for which higher category of medical examination is required.

585. Medical examination of drivers and shunting staff of the privately owned Railway sidings:- The drivers and shunting staff of such of the privately owned sidings where they are required to perform shunting from the Railway station to the sidings and vice-versa and where privately owned locomotives are required to work in Railway traffic yards for placements, withdrawals etc., should be subjected to medical examination at least for the fitness of their vision by a Railway doctor, and competency certificate issued. A fee of Rs. 40/- should be charged per candidate, which should be shared in the ratio of 1:3 between the Railway administration and the Railway doctor.

(Ministry of Railway's letter No. 90/H/5/8 dt. 09/02/1993)

586. Medical examination of L.I.C cases:- Prior permission of the Government will be necessary for medical examination cases sponsored by the Life Insurance Corporation.

587. Periodical health check of all beneficiaries:- All Railway beneficiaries above the age of 40 should be encouraged to come up for the periodical health check-up. To encourage them to do so, it may be necessary to continue to insert the following notification in the Railway Gazette: ' For health check-up, ringat.....(telephone) to obtain an appointment. ' for this purpose, a Health card as given in annexure XXIII to this chapter may be used.

(Ministry of Railway's letter No.75/H/5/15 dt. 24/09/1975)

588 Medical Examination prior to re-employment after retirement:- When a Railway employee, whether Gazetted or non-Gazetted, is re-employed after his retirement, he will have to undergo a fresh medical examination prior to his re-employment if his duties concern public safety. If his duties affect only his and /or his fellow worker's safety and/or if he is covered by the Workman's Compensation Act, then the medical examination may be done if there is an interval of one year or more between the retirement and re-employment and /or if his periodical examination has already become overdue had he continued in service. In all other cases medical examination may be done if there is an interval of one year or more between retirement and re-employment.

(Ministry of Railway's letter No.76/H/5/6 dt. 26/04/1976)

589. Medical examination fee in the case of candidates and vendors:-(1) In case of pre-recruitment medical examination of candidates for non-gazetted Group C and D posts, candidates called for pre-recruitment medical examination for apprenticeship training on the Railways under the Apprentices act, 1961 and Apprentices (Amendment) Act 1973, vendors/commission agents of private catering units and casual labour who are appointed only for a short duration without a reasonable prospect of his/her getting a continuously extended employment or becoming a temporary employee, fees as shown below against each category may be charged :-

(a) Group 'C'	..	..	Rs 24/- per head
(b) Group 'D'	..	..	Rs 16/- per head
(c) Vendors/commission agents	..	..	Rs 20/- per head
(d) Apprentices	..	..	Rs 16/- per head
(e) Casual labour	..	..	Rs 6/- per head

(2) The fees may be charged and receipt issued by the same authority who has issued medical examination memos. The receipts should invariably be pinned with the medical examination slips. Without receipt, the doctors should not conduct medical examination. The fees collected in these cases should be credited, in full, to the Railway revenues.(Abstract Z)

(3) In the case of vendors/commission agents, fees should be charged only for the first medical examination.

(Ministry of Railway's letters No.76/H/5/20 dt. 16/11/1976. No.E(Trg)-77/8 dt. 25/04/1977, No.76/H/5/20 dt. 27/04/1977, No. 77/H/5/31 dt. 20/12/1977 and [No.90/H/5/3 dt. 24/08/1992](#))

ANNEXURE I
(See Para 505)

STATEMENT AND DECLARATION TO BE GIVEN
BY A CANDIDATE FOR APPOINTMENT TO THE
GAZETTED RAILWAY SERVICE.

1. State your name in full (in block letters)
2. (a) State your age and birth place
(b) Do you belong to races such as Gorkhas, Garhwalis
Assamese, Nagaland Tribals, etc., whose average height is distinctly lower ? Answer ' Yes' or 'No'.
and if the answer is 'Yes', state the name of the race.
3. (a) Have you ever had Smallpox, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, heart disease, lung disease, fainting attacks, rheumatism, appendicitis ?
OR
(b) Any other disease or accident requiring confinement to bed and medical or surgical treatment ?
4. When were you last vaccinated ?
5. Have you suffered from any form or nervousness due to over-work or any other cause ?
6. Furnish the following particulars concerning your family -

Father's age, if living, No. of brothers living, dead, and state of health their ages and state of health	Father's age at death No. of brothers and cause of death their ages at, and cause of, death
Mother's age, if living, No. of sisters living, dead and state of health their ages and state of health	Mother's age at death No. of sisters and cause of death their ages at, and cause of, death

7. Have you been examined by a Medical Board before ?

8. If answer to the above is yes, please state what Service/
Services you were examined for ?
9. Who was the examining authority ?
10. When and where was the Medical Board held ?
11. Result of the Medical Board's examination, if communicated to you or if known.

I declare all the above answers to be, to the best of my belief, true and correct.

Signed in my presence

.....

..... Candidate's Signature
Signature of Chairman of the Board

Note:- The candidate will be held responsible for the accuracy of the above statement, By willfully suppressing any information, he will incur the risk of losing the appointment and, if appointed, of forfeiting all claims to superannuation or gratuity.

ANNEXURE – II

(See Para 505)

(REPORT OF THE MEDICAL BOARD ON
.....(Name of
Candidate)

1. Physical examination –

General examination :	Good	
Poor	Fair	
Nutrition: Thin	Average	
.....	Obese	
Height (without shoes)	Weight	
.....	Best	Weight
Any recent change in weight		When
.....		
Temperature		
2. Girth of Chest -

(1)	(	After full	inspiration)
.....			
(2)	(	After full expiration)
.....			
1. Skin: Any obvious disease
.....
.....

his duties and for which of them is he considered unfit ?

17. Is the candidate fit for Field Service ?
.....
.

Chairman.....

Place :
Member

Date
Member

Note - The Board should record their findings under one of the following three categories :-

(i) Fit
.....

(ii) Unfit on account of
.....

(iii) Temporarily unfit on account of
.....

ANNEXURE III

(Deleted)

**ANNEXURE IV
(para 510)**

Class A-1

(1) Foot - plate staff

1. Driver/Assistant Driver
2. Electric train driver/motorman/Motor trolley driver
3. Fireman /Augwala /Trainee firemen
4. Shunter.
5. Staff instructor
6. Driver instructor
7. Engine Cleaner

(2) Apprentices

1. Apprentice motorman/ Asstt. Apprentice Driver

Class A-2

(1) Transportation traffic running staff

1. Guards/Asstt.Guard/Pilot guard

(2) Shunting staff of transportation, Mechanical, electrical and stores departments

- 1.Shunting jamadar
- 2.Hook man
- 3.Shunting porters
- 4.Shunt man.
- 5.Shunting master
- 6.Pointsman
- 7.Pilot jamadar
- 8.Engine pilot men
- 9.Lever men
- 10.Shunters
- 11.Shed pointsmen

(3) Cabin staff in Operative control of signals

1. Cabin men and Cabin supervisor
2. Cabin assistant station master
- 3 Lever man
4. Switchman/Relieving switchman
5. Cabin master/Cabin jamadar

(4) station staff in operative control of signals

1. Station master/Relieving station masters/. ASM/Relieving ASM
2. [Station superintendent, both supervisory and non-supervisory](#)
- 3.Traffic apprentices
4. Points jamadar
- 5.Shunting jamadar
- 6.Shunting porter
- 7.Jamadar
- 8.Line Jamadar
- 9.Pointsman
- 10.Gate signalman
11. Token porters,/safaiwala/safaiwali
12. Van Goods Porter and control porter.

Class A-3

(1) Loco inspectoral and loco shed supervisory and non-supervisory staff-Running shed

1. Loco inspectoral staff
2. Staff inspector
3. Section Engineer(C&W)
4. Junior Engineer (C&W) of all grades
5. Section Engineer (Loco)
6. Section Engineer(Carriage)
7. M.T. driver mechanics
8. Junior Engineer(loco)
9. Section Engineer stores
10. Sr.Section engineer(loco)

(2) Transportation inspectoral staff

1. Chief transportation inspector
2. Senior transportation inspector
3. Junior transport inspector
4. Traffic inspector
5. Clerk in-charge
6. Skid supervisor
7. Skid men.
8. Skid porters

(3)Signal,Telecom and interlocking inspectoral staff

- 1.Signal Inspector
2. Assistant Block Inspector
3. Sub Signal Inspector(Mech./Elect)
4. Apprentice Signal Inspector
5. Assistant Block inspectors
9. [All Telecommunications Inspectors](#)

(4) Navigating staff

1. Ferry superintendent
2. Ghat inspector
3. Machinery engineer
4. Assistant Marine Engineer
5. Marine engineer IV
6. Ghat serang
7. Shore gang serang
8. Floating dock serang
9. Passenger jett serang

(4) All staff authorised to work trolleys on open line.

1. Head trolley men
2. Trolley men
3. Motor trolley men
4. Head motor trolley men
5. Motor trolley fitter
6. Chief block inspector
7. Tele -communication inspector(line)
8. Sub-block inspector
9. Head signal inspector (Mechanical/ Electrical
- 10.Head signal fitter (Mechanical / Electrical.)
- 11.Head signal Maintainer (Mechanical/ Electrical
12. Motor Trolley Mechanics
13. Section Engineer(works)

- 14. Overseer/Sub-Overseer.
- 15. Superintendent, creosoting plant

(6) Station Yard Supervisory and non-supervisory staff

- 1. Yard Masters
- 2. Yard supervisor
- 3. Assistant yard master
- 4. Deputy yard master
- 5. Assistant Yard supervisor
- 6. Assistant Yard Foreman
- 7. Head Trains clerk
- 8. Trains clerk
- 9. Yard Foreman
- 10. Jamadar
- 11 Trains clerk in-charge
- 15. Relieving trains clerk
- 16. Running shed supervisors
- 17. Loco supervisors

(7) Permanent way inspectoral supervisory staff

- 1. Senior Section Engineer (P way)
- 2. Section Engineer (all grades) P.way
- 3. Junior engineer(all grades)P.way
- 4. Supervisor plate-laying
- 5. Plate-laying inspector

(8) Bridge supervisory and open line artisan staff

- 1. Bridge operators
- 2. Senior Section Engineer
- 3. Section Engineer (all grades)
- 4. Junior engineer (all grades)
- 5. Overseer bridges
- 6. Master supervisor
- 7. Sub-overseer Bridges
- 8. Bridge Mistry
- 9. supervisor (bridge)
- 10. Key man , bridge chowkidar

(9) Electrical traction inspectoral supervisory staff

- 1. Junior Engineer (TRS)
- 2. EMU Motormen,
- 3. EMU Instructor
- 4. EMU Driving inspectors
- 5. Loco Inspectors (EMU Safety)

(10) Gatekeeper of level crossing

- 1. Gate man
- 2. Electric Gate man
- 3. Sweeper gateman

Class B-1

(1) Station supervisory staff and others not in operational control of signals

- 1. Van goods clerks

- 2. Porters (Locking, fog. seal and Van)
- 3. Box porters
- 4. Seal men
- 5.Box Carriers
- 6. V.G. and S.Q. T. porters

(2) Yard inspectoral supervisory and other staff not in operational of points and signals

- 1. Number takers
- 2. Chowkidar
- 3. Tallymen
- 4. Stencillers
- 5. Cleaners (yard)
- 6. Junctions Verifiers
- 7. Store verifiers
- 8. Seal porter
- 9. Goods shed porter
- 10. Interchange inspector
- 11. Neutral inspectors

(3) Locomotive Running Shed and carriage and wagon repairing staff(Supervisory)

- 1. Junior Engineer Gr-I & II
- 2. Charge man Boiler Makers
- 3. Master Craftsman
- 4. Boiler, regional lubricant, district mechanical re-packing inspector
- 5. Traction power controller

(Non-supervisory)

- 6. Fitters, including diesel fitters (mechanical) and electrical fitters in the diesel shed.
- 7. Engine examiners
- 8. Boiler makers
- 9. Turners
- 10. Machinist
- 11. Coal issuers
- 12. Vacuum testing plant drivers
- 13. Stationary plant attendant
- 14. Khalasis
- 15 Welders
- 16.
- 17. Mechanics, including diesel mechanics Grade i and grade ii
- 18. Out door fitters
- 19. Weigh bridge inspectors
- 20.Section Boiler Maker
- 21. Boiler maker khalasis
- 22. Key men
- 23. Special messenger
- 24. Box porters
- 25. Chowkidars
- 26. Blacksmiths
- 27. Moulders
- 28. Tin smiths
- 29. Call men
- 30. Pump fitter khalasis
- 31. Carriage cleaners
- 32. Carriage khalasis
- 33. Boiler Maker Khalasi
- 34. Repackers
- 35. Stencilers
- 36. Inspector weighing machines
- 37. Fitters khalasis
- 38. Trimmers
- 39. Masons

40. Boiler washer
41. Gunner
42. Copper smith
43. Motor mechanic
44. Fuel issuer

(4) Engineering works supervisory staff and permanent way artisans staff etc.,

1. Carpenter
2. Hammer man
3. Painter fitter/Mason/mistry
4. Khalasi
5. Valve operator
6. Pipe line fitter
7. Mates : section, bridge, trucking gang.
8. Permanent way mates
9. **Keyman**
10. Gang men / Trackman and helper/ Permanent way khalasis
11. Patrolman
12. Mashal man
13. Signalman
14. Tunnel jamadar
15. Water column man
16. Work mistries
17. Work supervisor

(5) Signal maintenance artisan open line staff and others

1. Charge men
2. Signal maintainer
3. Signal head fitter
4. Signal fitter
5. Basic maintainer/Maintainer(Mech/Elect.)
6. Striker
- 7 Bellow Boy
- 8 Pointer
- 9 Electrical fixer
10. Wire man
11. Point Cleaner
12. Electric overseer
13. Blacksmith/Tinsmith /Carpenter
14. Hammer man
15. Painter
- 16 Mason
17. Helper
18. Line man
19. Token adjuster
20. khalasis
21. Interlocking mistries
22. Interlocking cleaners
23. Signal fitter Khalasis
24. Block fitter
- 25 Block fitter Khalasis
26. Mast fitters

(6) (6) Bridge Non-Supervisory Staff :-

1. Fitter
2. Carpenter/
3. Welder
4. Black Smith
5. Mason
6. Rivetter

7. Painter
8. Artisan Khalasi
9. Hammenerman
10. Bellow Man
11. Tindal
12. Dollyman
13. Rivet heater

(7) All Electrical traction maintenance/artisan staff unless specified in other categories

(8) Chemist and Metallurgical supervisory and other staff :-

1. Assistant Chemist/ Chemist/Senior chemist
2. Laboratory Assistants/ Laboratory Attendant

(9) Train examining staff (supervisory and others) :-

1. Train Examiner/ Head Train Examiner/Jr. Engg(Gr-I & Gr-II)
2. Technician Gr-I, II & III
3. Section Engg./ Sr. Section Engg.
4. Coach Attendant (Air-conditioned) Passenger

(10) Para-Medical Staff :-

1. Laboratory Suptds.(all grades)
2. Radiographers (all grades)
3. X-Ray Technicians/ X-Ray attendant
4. Laboratory Assistants/ Laboratory Attendant
5. Dialysis Technicians
6. Cath Lab Technicians
7. TMT Technicians
8. Ophthalmic Technicians
9. Electronic Technicians
10. Clinical Psychologists
11. O.T. Technicians
12. Ambulance Driver

(11) All inspectoral supervisory and other staff of security forces including fire fighting staff (but excluding band man of the Railway Protection Force):-

1. Inspectors/ Sub-inspectors / Asstt. Sub inspectors
2. Head constable/ constable (excluding the following)
3. Head Constable (Fitter)
4. Watermen

(12) Motor transport inspectors staff and Mechanics :-

- (1) Foreman
- (2) Charge man
- (3) Mistries
- (4) Mechanics
- (5) Motor Mechanics
- (6) Road Motor Ambulance/Staff Car/Dispatch Motor Lorry Drivers.

(13) Commercial Department

1. Hamal

(14) Engineering Department :-

1. Reja (female Khalasi)
- (15) Electrical department :-
1. All Train-lighting Group D staff
2. All Air Conditioning group C group D Staff

CATEGORY B –2

(1) Steam crane drivers/ Mechanics/ and other Crane working staff :-

1. Steam crane Driver
2. Steam Crane fireman
3. Crane Driver/Mobile Crane Driver
4. Stationary Plant Attendant
5. Black smith
6. Crane Khalasi/Crane Mate/Crane Porter/Crane man
7. Shed man
8. Hand Crane Operator
9. Muccadam
10. Foilman
11. Slingers
12. Boiler Washer
13. Gunner/Crane Gunner

(2) Mechanical Power saw operators (bend saw, circular saw):-

1. Punch and Shear operator
2. Saw sharpener
3. Crane saw operator
4. Machine man
5. Bend Saw Operator
6. Saw Doctor
7. Metal Sawyer

(3) Traverse Operating staff including Electrical Crane Operating including Group ‘C’ and Group ‘D’

(4) Man employed on Vertical Spindle Wood-moulding machine

1. Machinist
2. Pattern Maker (Operating vertical spindle wood moulding machine)
3. Wood Machinist (Semi-skilled/skilled)
4. Machine man (semi-skilled)
5. Driller
6. Tool grinder/Grinder/Welder/Tumer

(5) Diesel Engines other than loco and Compressor drivers :-

1. Fitter
2. Operator
3. Diesel mechanic(excl. Locomotive Running shed and C &W Depots).
4. Stationary plant Operator Mechanic/Attendant)
5. Operator Filtration plant
6. Power house driver
7. Steam/Diesel Road roller Driver
8. Air Compressor Operator/Driver

9. Electric/Diesel Engine Driver .Compressor Driver

(6) All Inspectoral supervisory and non—supervisory staff employed in blasting and explosive operations :

1. Pump Room Operator
2. Shunting Porter

(7) Electrical Power House inspectoral/Supervisory/artisan and other group ‘D’ staff :-

1. Foreman
2. Charge Man
3. Journey Man
4. Switch Board Attendant
5. Power-House Steam Engine Driver
6. Boiler Room Attendant
7. Leading –hand
8. Oiler
9. Cleaner
10. Charge hand
11. Mistry
12. Wire man
13. Fitter
14. Line man
15. Letter Painter
16. Carpenter
17. Crane Driver
18. Mason
19. Black smith
20. Machinist
21. Fireman
22. Engine Room Driver
23. Coal Man

(9) All Station Supervisory and Ticket Checking Staff :-

1. Traveling Ticket Examiner/Inspector
2. Ticket Collector / Head Ticket Collector
3. Chief Ticket Inspector
4. Chief Inspector Ticket checking
5. Travelling Ticket inspector
6. Station Ticket Inspector
7. Train Conductor

(10) Mechanical and Electrical Pump House Staff :-

1. Pump driver/Hydraulic Pump driver
2. Machine Attendant/Stationary Plant Attendant
3. Khalasi
4. Steam-Man

(11) Printing Press operative staff :-

1. Compositor
2. Ticket Counter
3. Printer
4. Proof Reader
5. Binder

(12) All Civil Engineering/Department/Stores and Engineering Watchmen under P.Way depots/Engg. Works depots. :-

(13) Auto Truck Driver :-

1. Battery Truck Driver/Lister Truck Driver

CATEGORY C-1

(1) Train Controller :-

1. Chief Contorller/Deputy Contorller/Section Controller/Power Controller
2. Wagon Chaser

**(2) All office supervisory and non-supervisory Group 'C'
And group 'D' staff not indicated else where
(staff listed below to various departments)**

1. Traffic Office Assistant
2. Station Clerk
3. Stenographer Clerk-Cum-Typist
4. Chief Draughtsman/ Asst.Chief Draughtsman/Draughtsman
5. Tele Operator
6. Control Tel-operator
7. Control 's Clerk
8. Bridge Clerk
9. Store issuer
10. Stores Khalasi
11. Supervisor Chart room
12. Tracer
13. Photographer/Asstt Photographer
14. Record/Keeper
15. Dark Room Attendant
16. Special Messenger/Dak Courier
17. Hostel Warden
18. Assistant Lecturer
19. Meter Reader
20. Time Recorder and store keeper (MTRA)
21. Technical Assistant
22. Office Assistant
23. Caretaker
24. Accountant
25. Time Keeper
26. Khalasi
27. Book binder
28. Fitter
29. Motor Lorry Cleaner
30. School Teacher
31. Ticket issuer
32. Machine-man
33. Operator
34. Store Chowkidar
35. Dispatcher
36. Machine Operator
- 37.
38. Cash Porter
39. Resevation/Clerk/Enquiry-cum Reservation Clerk

(3) Luggage and Booking Supervisory staff :-

1. Booking Clerk, Luggage Clerk
2. Head parcel Clerk/Parcel Clerk
3. Free Service Clerk/Relieving Clerk

4. Chief Goods clerk/Hd. Goods Clerk /Goods Clerk/Asstt. Goods Clerk
5. Supervisor/Assistant Supervisor in booking offices
6. Head Coaching Clerk/Coaching clerk

(4) Commercial Inspectoral/Supervisory Staff

1. Assistant court case inspector
2. Assistant Commercial inspector
3. Rates inspector/Assistant Rates inspector
4. Road transport inspector
5. Commercial inspector
6. District claims inspector
7. Demurrage inspector
8. Supervisor at goods and transshipment sheds
9. Goods Shed cashier
10. Weighment inspector
11. Shed Clerk (Commercial Clerk)
12. Head weigh Bridge Clerk/Weigh Bridge Clerk
13. Invoice Typist
14. Retums checker

(5) Telegraph and Telephone Supervisory staff clerical and other

1. Telephone Operator
2. Telephone Supervisor
3. Tele communication inspector looking after exchanges and control office only
4. Telegraph inspector
5. Telegraph Master
6. Telegraph Supervisor
7. Signaller/Head Signaller
8. Telegraph Boy Peon
9. Tel Overseer auto

(6) Transportation and Commercial workshop staff

- (1) Stores Khalasi
- (2) Tinsmith / Assistant Tinsmith
- (3) Carpenter
- (4) Mashal (old.and HP)

(7) Transportation and commercial group D station staff

1. Station peon , Farash
2. Sweeper, Bhisty Waterman
3. Jamadar, Mali
4. Goods shed Khalasi, Goods Shed Peon, Weight bridge peon bridge clearance Peon, indent peon
5. Lamp man/Lamp Jamadar
6. Marker
7. Assistant porter
8. Station Cleaner
9. Seal man
10. Goods Marker
11. Gonsevancy Jamadar/Sweeper Jamadar
12. Khalasi
13. Luggage porter/Jamadar
14. Valporter /Jamadar

15.	Markar Man	31.	Sand blaster
16.	Platform Jamadar	32.	B.T.M. White Metaller
17.	Parcel Porter/Tindal	33.	Material Dispatcher
18.	Free Service porter	34.	Hammer man
19.	T.P.T. Porters	35.	Store Man
20.	Wireless Khalasi	36.	BTM Welder
		37.	Rigger/Oiler
(8)	Running room waiting room, retiring room, refreshment room and rest house staff :-	38.	Belt Man
1.	All Cooks, bearers servers barmen etc. including instructors	39.	Tool issuer
2.	Waterman	40.	BTM Mason/BTM Fitter
3.	Safaiwala/Wali	41.	BTM Heat treatment man
4.	Waterman/Attendant Ayah	42.	Cleaner
5.	Watchman/Rest house chowkidar	43.	Progress inspector
6.	Rest house butler	44.	Assistant Workshop inspector
7.	Kitchen supervisor	45.	Assistant Master
8.	Supervisor/ railway hostels	46.	Train Examiners inspector
9.	Supervisor aerated water factory/Supervisor of Restaurants and refreshment rooms	47.	Mistri Instructor
10.	Assistant Supervisor (Hostels	48.	Spring Setter
11.	Depots / tea room/ Manager.	49.	Tallor
12.	Managers of Restaurant cars/depots / tea room etc.	50.	Washer-man
13.	Store keeper	51.	Motor Driver Khalasi
14.	Borrow man	52.	Wood Turner
15.	Mate	53.	Pattern make
16.	Hawker	54.	Progress man
17.	Care taker	55.	Assistant Planner and Rate Fixer
18.	Running room Khalasi	56.	Cupola man
(9)	Work shop staff other than those specified in catalogers A and B	(10)	Loco shed and C&W Depot and stores Depot staff other than specified in categoried A & B :-
1.	Section Engr. (WS)/Sr. Section Engr. (WS)	1.	Depot Material Supdt.GR-I,II & III
2.	Foreman/Assistant Foreman	2.	Depot Store keeper I & II
3.	Charge Man	3.	Material Checker
4.	Rate fiver	4.	Mate } Male and female
5.	Saloon caretaker	5.	Khalasi } Male and female
6.	Moulder	6.	Time Keeper
7.	Fitter engine	7.	Safaiwala
8.	Furnace man	8.	Store Line Clerk
9.	Core Maker	9.	Tinsmith
10.	Machinist	10.	Carpenter
11.	Painter	11.	Mason
12.	Riggers special Forge Smith	12.	Saloon Caretaker
13.	Blacksmith	13.	Special messenger
14.	Spring Smith/Spring maker	14.	Call boy
15.	Turner/Fitter?Welder	15.	Basic tradesman
16.	Gauge Fitter/Gauge turner	16.	Tool room attendant
17.	Precision grinder/Die Sinkers/tool grinder	17.	Gate keeper
18.	Carpenter	18.	Caner
19.	Mason	19.	Store delivery van clerk
20.	Coppersmith	20.	Store delivery clerk
21.	Heat treatment man	21.	Assistant Manager (Ptg. & Stationery)
22.	Boiler Maker	22.	Compositor
23.	Riveter	23.	Mechanic
24.	Pattern maker	24.	Packer
25.	Mistri	25.	Hammer-Man
26.	Rimmer	26.	Boiler maker mistri
27.	Furaceman ordinary	27.	Turners/Welder/Moulder
28.	B.T.M Moulder/core maker	28.	Boiler Attendant
29.	B.T.M. Dispatcher	29.	Washout Attendant
30.	Slinger	30.	Steam Raiser
		31.	Fire Dropper
		32.	Store Issuer
		33.	Tool issuer
		34.	Assistant Boiler-Maker/Chargemen

(11) Engineering Workshop supervisory and artisan staff :-

1. Workshop foreman
2. Switch board attendant
3. Assistant foreman (Workshop)
4. Machinist points and inspector
5. Head Fitter (District)
6. Material Inspector
7. Supervisor Points and crossing
8. Charge hand
9. Charge man
10. Electrician
11. Machinist
12. Mistry
13. Turner/Fitter
14. Operator
15. Driller
16. Blacksmith/Carpenter
17. Fitter skilled Gr-I, II & III
18. Master Craftsman
19. Fireman/Head Fireman
20. Screw cutter
21. Water works mistri
22. Stationary engine driver
23. Tinsmith
24. Sweeper mason
25. Patern maker
26. Chock maker
27. Rigger
28. Oiler
29. Welder
30. Supervising mistri
31. Pumper
32. Belt man
33. Rough grinder
34. Cobbler
35. Polisher
36. Store man
37. Care man
38. Khalasi
39. Workshop Khalasi
40. Liner
41. Motor mechanic
42. Sr.Section Engr./Sectio Engr./Jr.Engr.(Work) Gr-I. & II
43. Watchman
44. Carpenter Khalasi
45. Stoker
46. Mate
47. Brands man
48. Welder/Riveter
49. Machine operator
50. Rivet heater
51. Cutter
52. Chipper
53. Store munshi
54. Store issuer
55. Jamadar

(12) Signal and Tele-communication workshop staff

1. Section Engineer/ Jr. Engineer (Signal) Mechanical/Electrical)

2. Head Signal Fitter/Signal Fitter(Mechanical/Electrical)
3. Electrical Signal Fitter and Cleaner(Sini Model Room)
4. Carpenter
5. Carpenter/Wire man
6. Wire man/Welder
7. Tinsmith
8. Khalasi
9. Driller
10. Painter
11. Mason
12. Turner
13. Instrument Mechanic
14. Motor Mechanic
15. Charge Hand
16. Block Signal Fitter

(13) Wireless Staff

- Chief Wireless inspector /Dy.Chief Wirless inspector/Wireless inspector.
1. Wireless Operator
 2. Wireless Mechanic
 3. Teleprinter Operator (* These are Superanuary Posts)

(14) Electrical Workshop/artisan staff and helpers

1. Sr. Section Engineer/Section Engineer(WS)
2. Journeyman
3. Mistri
4. Apprentices(Grade-I)
5. Fitter
6. Carpenter
7. Blacksmith
8. Mason
9. Painter
10. Fitter Wire-man
11. Carpenter Wire-man
12. Turner
13. Machine-man
14. Instrument Mechanic
15. Electro Plater
16. Electro Plater
17. Electro Plater Mate
18. Head Burner
19. Sig. Writer
20. Cable Jointer
21. Line-man
22. Boiler Maker
23. Hammer-man
24. Scaler
25. Rigger
26. Refrigerator Mechanic
27. Call-man
28. Basic Tradesman
29. Khalasi
30. Meter Repairer
31. Oiler
32. Ramoshies
33. H.S. Fitters
34. Moulder
35. Shop Messenger
36. Amature winder

- | | |
|-------------|--|
| 37. | Dynamo fitter |
| 38. | Meter repairer |
| 39. | Sweeper |
| 40. | Jamadar |
| 41. | Tester |
| 42. | Battery fitter |
| 43. | Electirc fitter |
| 44. | Greaser |
| 45. | Batt Welder |
| 46. | Progress chaser |
| 47. | Coal plant attendant |
| 48. | Tindal |
| 49. | Key man |
| 50. | Switch board attendant |
| (15) | Press supervisory staff |
| (16) | Stores depot and yard supervisory and artisan staff |
| 1. | Depot store Material Supdt.(Gr-I,II & III) |
| 2. | Senior Sec. Engineer(Signal) |
| 3. | Head time keeper |
| 4. | Head Fitter/Fitter |
| 5. | Carpenter |
| 6. | Painter |
| 7. | Blacksmith |
| 8. | Tinsmith |
| 9. | Machine-man |
| (17) | All accounts inspector and supervisory staff |
| 1. | Finger print inspector |
| 2. | Inspector of Station Account/Store Account |
| 3. | Assistant Inspector of stores (Stock verifier) |
| 4. | Accounts inspector (test audit inspectory) |
| 5. | Inspector of Pay Clerks |
| (18) | Personnel inspectors (Welfare , hours of employment and amenity) |
| 1. | Labour Welfare Adviser |
| 2. | H.O.E.R. Inspector |
| 3. | Personnel Inspector |
| 4. | Welfare inspector(Gr.I II & III)/ Chief Welfare inspector |
| 5. | Chef Office Supdt. /Office Supdt.(Gr-I,II & III) |
| 6. | Head Clerk ./Senior Clerk/Junior Clerk. |
| (19) | All Medical , Nursing, Sanitary, Anti malarial |
| | (Class III and IV) Staff Other than specified in class B-1 :- |
| 1. | Physiotherapist/ Occupational- Therapist |
| 2. | Health & Malaria Inspector/AHO |
| 3. | Cook/Assistant Cook/Bearer/Masalachi |
| 4. | Khalasi Hamal/Safaiwala/Safaiwali |
| 5. | Mali |
| 6. | Malaria Khalasi/Malaria Mate |
| 7. | Tailor |
| 8. | Conservancy jamadar/Mocqdam/Mate |
| 9. | Waterman/Peon |
| 10. | Matron/Nursing sister/Staff/Nurse |
| 11. | Dresser/Hospital attendant/avas |

18. Masalchi/Bearer
 19. Sail Maker(Otherwise known as Tarpaulin-repairer)
- (2) Engineering :-**
1. Office Clerk
 2. Jamadar peon /Daftary/peon/Farash
 3. File Lifter/Book Binder
 4. Sweeper/Bhistry
 5. Office chowkidar/Office Waterman/waterwoman
 6. Material Checker(Signal Workshops)
 7. Assistant Watch and Ward Inspector
 8. Workshop Clerk
 9. Workshop Time Keeper
 10. Office Draftsmen
 11. Khalasi other than Shop Khalasi
 12. Rest House caretaker
- (3) Medical :-**
1. Dental Assistant
 2. Pharmacists of all grades
 3. Ministerial staff
 4. Dietician
- (4) Operating :-**
1. Loco instructor
 2. Signaler(except {those shown in class A-2)
 3. Office clerk
 4. All other Office staff not mentioned elsewhere
 5. Water man
 6. Running Room Staff
 7. Box-Porter/Call Man/Messenger/Chowkidar
 8. Bhishty (not engaged in watering stock passenger or goods)
 9. Bar setter/Telephone Attendant
 10. Traveling Porter/Luggage porter
 11. I .C. Van Porter
 12. Waiting Room Staff
 13. Safaiwala/Safaiwali/Dhoby
 14. Saloon Attendant
 15. Punkha Khalasi
 16. Washout Jamadar
 17. Phone Clerk
 18. Telegraph Peon
- (5) Personnel :-**
1. All staff including those working in Statistical Branch
 2. School teacher
 3. Translator
 4. Laboratory Asst. /Lab attendant (in Railway Schools)
- (6) Stores :**
1. Depot Material Supdt.I,II & III
 2. Messenger
 3. Water man/Khalasi/Safaiwala/Safaiwali
 4. Daftry/Jamadar Peon
 5. Material Checker
 6. Clerks/Store clerk
 7. Senior S.S.D.C

8. Machine Operator
- (7) Mechanical :-**
- (8) Accounts :-**
1. Asstt.Cashier/Cash Receiver/Pay Clerk
 2. Assistant Inspector (Crains)
- (9) All departments :-**
1. Record sorters
- (10) Electrical Staff :-**
1. Lift Operator/Lift-man in buildings who have not been notcategorized elsewhere
- (11) Office Staff :-**
1. Daftry / Peon
 2. Jamadar/Khalasi/Farash
- (12) Railway Protection force :-**
1. Constable (Cobler/Cook/Cook-mate barber/Dhobi /Kahaar/Safaiwala

NOTE :

1. This list is not exhaustive enough and wherever there is any doubt, the Medical Officer may ascertain the nature of duties of the person (employee/candidate) and assess his/her suitability accordingly.
2. Apprentices of all department will be examined in the medical category for the post in which they are intended to be permanently employed.
3. Loco instructors(Under Class C-2(4 Operating) must however be not lower than A-3 if they have occasion to travel on the foot-plate on the open line or the years.

(Bd's No.99/H/7//1NR dt 30-5-2003)

RAILWAY

MEDICAL DEPARTMENT

FORM AUTHORIZING A CANDIDATE TO PRESENT HIMSELF FOR MEDICAL EXAMINATION FOR FITNESS FOR APPOINTEMNT AA NON – GAZETTED RAILWAY EMPLOYEE

(Counterfoil)

Department Office/Section

.....

No.

.....

(Name) (age)

.....

a candidate for appointment as (designation) in Medical category

..... is authorised to present himself for medical examination.

* He was earlier found medically fit / unfit for Government/ Railway employment in Medical category

..... Vide Certificate No. dated

Permanent physical marks of identification –

1.

2.

.....

Signature / L.T.I. of Candidate Initials

..... Designation

Date

* delete whichever is not applicable

Place

Photograph of the Candidate duly Attested

Annexure V
(Para 515 & 516)

FORM AUTHORIZING A CANDIDATE TO PRESENT HIMSELF FOR MEDICAL EXAMINATION FOR FITNESS FOR APPOINTMENT AS A NON – GAZETTED RAILWAY EMPLOYEE

RAILWAY

MEDICAL DEPARTMENT

Department Office/Section

No.

To,

.....

The bearer (name)(age)

a candidate for appointment as (designation)

in Medical category is authorized to present himself for medical examination.

* He was earlier found medically fit/unit for Government/Railway employment in Medical category vide Certificate No. dated

The following is a list of his permanent physical marks of identification:-

1.

2.

.....

Signature / L.T.I. of the candidate Signature

..... Designation

Date:

Place * delete if not aplicable

Photograph of the Candidate duly Attested

120

RAILWAY

Annexure VI
(Para 515 & 516)

MEDICAL DEPARTMENT

FORM AUTHORIZING A NON – GAZETTED RAILWAY EMPLOYEE TO PRESENT HIMSELF FOR MEDICAL RE – EXAMINATION DURING SERVICE.

(Counterfoil)

Department

Office

No.

(Name)

(age)

a Railway employee serving as (designation) in Medical category

..... is authorised to present himself for :-

periodically re-examination

re-examination prior to promotion to Medical category as (designation)

Special re-examination.

re-examination for reconsideration of previous adverse report.

Last examined on (date) at

by (designation of previous medical examiner)

for Medical categorywhen he was passed fit for Medical category

..... Length of service Years months.....

Permanent physical marks of identification :-

1.

2.

.....

Signature / L.T.I. of the employee.

Initials

Designation

Date:

Place

* Delete whichever is inapplicable.

RAILWAY

MEDICAL DEPARTMENT

FORM AUTHORIZING A NON – GAZETTED RAILWAY EMPLOYEE TO PRESENT HIMSELF FOR MEDICAL RE – EXAMINATION DURING SERVICE.

Department

Office

No.

To,

.....

.....

The bearer (name) (age).....a Railway employee serving as (designation) in Medical category at (place where employed)

..... is authorised to present himself for

periodical re-examination.

re – examination prior to promotion to Medical category as (designation)

special re-examination.

re-examination for reconsideration of previous adverse report.

He was last examined on (date) at by (designation of previous medical examiner) for Medical category When he was passed fit for medical category.

His length of service is Years months

The following is a list of his permanent physical marks of identification :-

1.

2.

.....

Signature / L.T.I. of the employee.

Signature

Designation

Date:

Place

* Delete whichever is inapplicable.

121

ANNEXURE VII

(Para 520)
Candidate's Statement and Declaration
(for appointment to non-Gazetted services)

PART-1

1. (a) Have you ever had intermittent or any other prolonged fever, enlargement or suppuration of glands, spitting of blood, asthma, heart disease, lung disease, fainting attacks, rheumatism, appendicitis,?.....
or
(b) Any other disease or accident requiring confinement to bed and prolonged medical or surgical treatment/hospitalisation?.....
2. Have you or any of your near relation been afflicted with Consumption, Scrofula, gout, asthma, fits, epilepsy or insanity?.....
3. Have you suffered from any form of nervousness due to overwork or any other cause?.....
4. Have you been examined and declared unfit for Government service by a Medical Officer/Medical Board within the last three years?.....

I declare all the above answers to be, to the best of my knowledge and belief, true and correct.

I also solemnly affirm that I have not received disability certificate/pension on account of any disease or condition.

Signature/L.T.I. of the candidate

Part-2

(To be taken from Candidates for A-1 in addition to part –1 above)

1. Did you ever sustain head Injury ? If yes , give detailed history.
2. Do you have fits or epilepsy, attacks of giddiness, vertigo or mental abnormality?
3. Are you in the habit of taking any drugs/alcohol?
4. Do you have Intra Ocular Lens/Contact Lens/ history of surgery for correction of eye sight?
5. Are you taking any drug/ treatment for M.I/ Hypertension/ Diabetes Mellitus or any other disease?

Signature of the candidate for A-1 Category

Signed in my presence

Signature of Railway Medical Examiner

Date

Place

Designation.....

Note: (1) The candidate will be held responsible for the accuracy of the above statement.

(2) By willfully suppressing any information, he will incur the risk of losing the appointment and, if appointed, of forfeiting all claims to superannuation allowances or gratuity.

**Annexure VIII
(Para 520)
Employee's Statement and Declaration
(for those serving in A-1)**

1. Did you ever sustain head Injury ? If yes , give detailed history.
2. Do you have fits or epilepsy, attacks of giddiness, vertigo or mental abnormality?
3. Are you in the habit of taking any drugs/alcohol?
4. Do you have Intra Ocular Lens/Contact Lens/ history of surgery for correction of eye sight?
5. Are you taking any drug/ treatment for M.I/ Hypertension/ Diabetes Mellitus or any other disease?
- 6.* I hereby declare that I will carry both pairs of spectacles while on duty.

Signature of the candidate for A-1 Category

Signed in my presence

Signature of Railway Medical Examiner

Date

Place

Designation.....

Note: * wherever applicable

(1) The candidate will be held responsible for the accuracy of the above statement.

(2) By wilfully suppressing any information, he will incur the risk of losing the appointment and, if appointed, of forfeiting all claims to superannuation allowances or gratuity.

.....RAILWAY

ANNEXURE IX
(Para 516 & 521)

MEDICAL DEPARTMENT

FITNESS/UNFITNESS CERTIFICATE FOR APPOINTMENTAS A NON – GAZETTED
RAILWAY EMPLOYEE.

(Counterfoil)

HospitalNo.

Health unit

(Name)(age)

candidate for appointment as (designation)

class in the Branch/ Department

Fit for appointment

Unfit

Acuity of vision –

	Distant		Near		Power of Glasses		
	Un - Corrected	Corrected	Un - corrected	Corrected	S	C	A
R.E.							
L.E.							

Colour perception
Night vision
Field vision
Urine
Hearing.....
General physical examination
.....

signature/L.T.I of the candidateInitials of the medical officer

Date.....Designation.....
Place.....

..... RAILWAY

MEDICAL DEPARTMENT

FITNESS/UNFITNESS CERTIFICATE FOR APPOITMENT AS A NON – GAZETTED RAILWAY EMPLOYEE

HospitalNo.....

Health unit

I do hereby certify that I have examined (name)

(age) a candidate for appointment as (designation)

(Medical category) in the Branch/Department , whose * signature/
left hand thumb impression has been appended below in my presence.

I consider him fit /unit for such appointment.

* With glasses
without glasses

for

* distant
near
distant and near

* vision
vision

Signature/L.T.I. of the candidateSignature of Railway Medical Examiner.

Designation

Date

Place

* Delete whichever is inapplicable.

RAILWAY

MEDICAL DEPARTMENT

FITNESS CERTIFICATE FOR A NON – GAZETTED RAILWAY EMPLOYEE RE – EXAMINED DURING SERVICE
(Counterfoil)

Hospital
Health unit

No.

(Name) (age)

a Railway employee serving as (designation)

(Medical category) inBranch/Department

appeared for

• Periodical re – examination

• re- examination prior to promotion to medical category
as (designation)

• Special re-examination

• re-examination for reconsideration of previous adverse report.....

.....

Fit for medical category **

Acuity of vision -

	Distant		Near		Power of glasses		
	Un -	Corrected	Un -	corrected			
	Corrected		corrected		S	C	A
R.E.							
L.E.							

Colour perception

Night vision

Field of vision.

Urine

Hearing

General physical examination

.....

.....

Signature/L.T.I. of
the employee

.....

Initials of Railway Medical
Examiner.

RAILWAY

FITNESS CERTIFICATE FOR A NON – GAZETTED RAILWAY EMPLOYEE RE – EXAMINED DURING SERVICE

Hospital
Health unit

No.

I do hereby certify that I have examined (name)

(age) a Railway employee serving as (designation)

(Medical category) in the Branch/Department, at (place where
employed) who presented himself before me for

• periodical re-examination.

• re-examination prior to promotion to medical category as (designation)

• Special re-examination

• re-examination for reconsideration of previous adverse report and whose signature / left hand thumb impression has
been appended below in my present.

I consider him fit for service in Medical category **.

* With glasses

without glasses

for

* distant

near

distant and near

* vision

vision

.....

Signature/L.T.I. of
the candidate

Signature of
Railway Medical Examiner.

.....

Designation

Date

Place

* Delete whichever is inapplicable.

** If unfit for service in the medical category for which examined, state next lower medical category for which he is fit.

.....RAILWAY
MEDICAL DEPARTMENT
SICK AND FIT CERTIFICATE

(Counterfoil)

Hospital
Health unit

No.

Name :

Designation:.....

Branch or Department

Station where employed.....

Grade

Date of “Sick” certificate:

Recommendation for sick leave for change of air

No.....date.....for period of
.....

No.Date.....for

a further period of.....

Disease.....

Period for which employee is likely to be off duty.....

Date of “fit” certificate

Sick certificate

Fit certificate

.....
Issuing doctor’s initials
with designation

Date

Place :

ANNEXURE – XI
(See Paras 538 and 541)

.....RAILWAY
MEDICAL DEPARTMENT

“ FIT ” CERTIFICATE

Hospital
Health unit

No.

I hereby certify that I have examined (Name)

(Designation)

(Branch or Department).....

(Station where employed).....

who was sick and under treatment from (date)

to (date) * and on leave on

medial recommendation from (date) to

(date)is now fit to attend to his duties.

.....
Signature of
Railway medical officer

Designation :

Date

Place

* Delete whichever is inapplicable

.....RAILWAY
MEDICAL DEPARTMENT
“ SICK “ CERTIFICATE

Signature of applicant

.....
Hospital
Health unit

No.

I hereby certify that (Name)

(Designation)

(Branch or Department)

(Station where employed).....

is sick and unfit for duty.

- He is likely to be unfit to perform his duties
for.....days with effect from (date)
.....

.....
Signature of
Railway medical officer

Designation

Date

Place

* Delete whichever is inapplicable

.....RAILWAY
MEDICAL DEPARTMENT
INTERIM SICK CERTIFICATE
(Counterfoil)

Hospital
Health unit No.....

I hereby certify that –

Name :
Designation :
Branch or Department:
Station where employed :
Sick certificate No. : Dated:
(in form) was issued, is likely to be unfit to
perform his duties for a further period from
to

.....
Signature of railway doctor
Designation :

Date :
Place :

ANNEXURE XII
(See Para 539)

RAILWAY
MEDICAL DEPARTMENT
INTERIM SICK CERTIFICATE

Hospital
Health unit No.

I hereby certify that -

Name :
Designation : Branch or Department
Station where employed in whose favour
Sick certificate No.Dated
(in form) was issued, is likely to be unfit to perform his duties
for a further period from to

.....
Signature of Railway doctor

Designation

Date
Place

.....RAILWAY
MEDICAL DEPARTMENT
RECOMMENDATION FOR LEAVE FOR CHANGE OF
AIR OR RECUPERATION
(Counterfoil)

Hospital
Health unit
No.
Name:
Designation :
Branch or Department :
Station where employed :
Sick certificate No. Dated
Period of leave recommended
Disease :
.....

.....
Divisional Medical Officer
Date :
Place :

ANNEXURE XIII
(See para 540)

RAILWAY
MEDICAL DEPARTMENT
RECOMMENDATION FOR LEAVE FOR CHANGE OF
AIR OR RECUPERATION

Hospital
Health unit
.....
No.
I recommended that –
Name :.....
Designation :.....
Branch or Department :
Station where employed :
in whose favour sick certificate No. dated
was issued.be granted a * period/further period of months
days..... Leave for change or air or recuperation.

.....
Divisional Medical Officer.
Date : Date
Place Place.....

* Delete whichever is inapplicable

Note : No recommendation contained in this certificate shall be evidence of a claim to any
Leave not admissible to the Railway employee under the rules.

RAILWAY
MEDICAL DEPARTMENT
DUTY CERTIFICATE

Hospital
Health unit No.

Name :
Designation :
Branch or Department:
Station where employed :
Remarks :
.....

.....
Signature/L.T.I. of
the applicant

.....
Initials of Railway doctor

Designation :

Date:

Place:

ANNEXURE XIV

(See Para 542)

RAILWAY
MEDICAL DEPARTMENT
DUTY CERTIFICATE

Hospital
Health unit No.

I hereby certify that I have examined -

Name :
Designation :
Branch or Department :
Station where employed :
and consider him fit to resume duty.

.....
Signature/L.T.I. of
the applicant

.....
Signature of Railway doctor

Designation

Date

Place :

ANNEXURE XV
(Para 543 & 550)
.....RAILWAY

MEDICAL DEPARTMENT

UNFIT CERTIFICATE FOR RAILWAY SERVICE.

(Counterfoil)

Confidential

Hospital/Health Unit

Name:

Designation:

Station:

Class:

Branch or Department:

Service: **Date of appointment:**

Age: | By appearance |
| By statement |

Date of birth:

Disease rendering unfit for further service:-

Abstract of Physical state: (With special reference to the main date for opinion from physical examination and clinical records if available) _____

There is no reasonable prospect that the Railway employee concerned will ever be fit to resume his duties.

Date: _____
Place: Initial/Initials of Issuing Officer/
Members of Medical Board

.....RAILWAY

MEDICAL DEPARTMENT

UNFIT CERTIFICATE FOR RAILWAY SERVICE.

Confidential

Hospital/Health Unit

Name:

Designation:

Station:

Class:

Branch or Department:

Marks of identification: (I)
(ii)

His age is | _____ years by his own statement and by appearance.
About

I/We consider on grounds recorded on the counterfoil that he is completely and permanently incapacitated for further service (or in the department to which he belongs) in consequence of his illness from. Arrangements should be made to relieve him of his duties as early as possible/immediately with a view to his retirement from the Railway service.

There is no reasonable prospect that the Railway employee concerned will ever be fit to resume his duties.

Date: _____
Place: Signature /Signatures of issuing
Officer/Members of Medical Board.

ANNEXURE - XVI

(Para 547 & 548)

.....RAIWLAY

MEDICAL DEPARTMENT

CERTIFICATE OF SICKNESS FOR GRANT OF LEAVE TO GAZETTED EMPLOYEES

Signature of the applicant

Iafter careful personal examination of the case, hereby certify that the health of whose signature is given above, is to be such as to render absence from duty for a period of with effect from is absolute necessary for the restoration of his health.

Diagnosis to be mentioned in the office copy only.

Date

.....

Medical Officer

Place

..... Division

ANNEXURE – XVII

(Para 548)

.....RAILWAY

MEDICAL DEPARTMENT

CERTIFICATE OF DETENTION OF GAZETTED EMPLOYEES FOR MEDICAL OBSERVATION.

Shri having applied to us for a medical certificate recommending him grant of leave, we consider it expedient, before granting or refusing such a certificate, to detain under Professional observation for days.

Signature (1) Designation

Do (2) do

Do (3) do

Date

Place

ANNEXURE XVIII
(Para 549)
MEDICAL DEPARTMENT

CERTIFICATE OF FITNESS TO RETURN TO DUTY FOR GAZETTED EMPLOYEES.

No.

I Medical Officer in charge ofDivision, do hereby that I have carefully examined Shriof the Branch or Department and find that he has recovered from his illness and is now fit to resume duties in railway service.

I also certify that the original medical certificate (s) on which leave was granted or extended was/there produced before me.

Date

Place
Division

.....
Signature of Medical Officer.

ANNEXURE XIX
(Para 561)

.....RAILWAY

MEDICAL DEPARTMENT

CERTIFICATE OF RECOMMENDATION FOR LIGHT DUTY .

Hospital
Health unit

No. _____

This is to certify that :-

Name.....Designation.....Department.....

Station..... who was sick and under treatment for

from(date).....to (date).....is recommended light duty/change of occupation before he is declared fit for duty of his original post.

Date: _____

Place: _____

.....
Divisional Medical Officer

.....Division

ANNEXURE XX

RAILWAY

MEDICAL DEPARMTENT

CERTIFICATE OF RECOMMENDATION FOR ALTERNATIVE EMPLOYMENT

This is to certify that:-

Name _____

Designation _____

Department _____

Station _____

who was recommended light duty/change of occupation vide certificate No. _____ Dated _____
is permanently medically unfit for the duties of his original post. I recommend that on medical grounds arrangements should be
made to provide him with suitable alternative employment permanently.

Date: _____

Divl. Medical Officer.

Place: _____

_____ Division

ANNEXURE XXI

(See Para 566)

MEDICAL DEPARTMENT

CASTE SHEET FOR EXAMINATION OF DRUNKENNESS

1. Name and address/designation of suspect ...
.....
2. Date and Time of examination. ...
.....
3. What is the appearance of suspect? ...
.....

Is he drowsy? ...
.....

Are his upper eye lids and features relaxed?

Are his eyes and face congested?

Is he seating and slobbering?
4. How does he behave

Is he noisy?

Boisterous?

Silly?

Excited?

Garrulous?

Restless?

Heavy?
5. Is his conception of time and space Normal?
(If it is, say, 'Yes' ; if it is not, repeat statement
indicating the contrary)
6. Test his Memory. Ask him, for example, to remember a couple of
Addresses, or to describe the accident which led to his arrest, or
Ask him to describe some event indicated by a picture in an
Illustrated paper.
7. Note his speech, Is it thick, nasal, lisping, stammering, or
Stumbling?

Make him repeat difficult words or read aloud a small newspaper
Notice.
8. Notice his gait. Is it swaying and ataxic ? Perform Romberg's test.
9. Are the movements of his hands steady? Test his handwriting by
Making him write his name, age, occupation and address.
10. Examine his pupils. Note whether they are dilated, contracted or
irregular and their reaction to light. Test his sense of pain.
11. Does he smell of alcohol ?

12. Are there signs of other disease such as epilepsy or apoplexy ?

13. Add any other observations bearing on this matter -

(a) Has the examination revealed symptoms indicating this condition is not normal ?

(b) Is it proved that the symptoms found are due to alcohol ?

(c) Is the condition one of drunkenness ?

Date

.....

Place

Signature and Designation Examining

Doctor

ANNEXURE XXII

(See Para 568)

.....RAILWAY

MEDICAL DEPARTMENT

CASE SHEET FOR EXAMINATION FOR MENTAL INSTABILITY

1. Name
2. Sex
3. Age
4. Married or Single
5. Occupation
6. Religion
7. Residence
8. Relation
9. Heredity
10. Temperament
11. Habits
12. Behavior generally
13. Any delusion, illusion, or hallucination
14. Morbidly suspicious, suicidal or homicidal
15. Mode of onset and general course
16. Mental faculties, memory, power of recognition, reasoning power
Judgement, self control, volition, depression, stupor and excitement
altered feelings towards relatives
17. Expression and articulation, nutrition of body, and presence of defor -
mities in hand or body.
18. Writing
19. Pulse and temperature and bodily functions
20. Sleep and character of dreams
21. Motor and sensory functions of brain and cord
22. Headaches, neuralgic pains
23. Syphilis, drunkenness, drugging, D.T., sunstroke
24. Any intent to deceive
25. Blood examination, leucocytosis, etc.
26. Whether feigned or genuine

Date:

Place

.....
Signature and Designation of Examining
Doctor

ANNEXURE –XXIII

(See para 587)

.....HOSPITAL

.....RAILWAY

HEALTH CLINIC (PERIODICAL CHECK UP)

(Consultation by appointment through Dr..... between.....andhours.

Telephone No.....

Name:..... Designation:.....
Address:..... Telephone No.....
Pay Rs..... Date of birth:.....

Instructions: Date.....

1. Please attend Dr.....between.....andhours on working days. He will arrange for all the tests given below, to be done in the laboratory X-Ray room, etc.
2. Please attend fasting with empty stomach.
3. Please bring your morning specimen of urine and stool with you.
4. After all the above laboratory reports, X-Ray chest, examination by dental surgeon and AMO(Gynaecology) (for ladies only) and any other examination as advised, has been completed, kindly report to Dr.....
Room No.....between.....andhours on.....days for ECG and complete physical check up.
5. The complete record in the form of a health file will be maintained by Dr.....and Your index No.(Regd. No.) will be given to you along with the advice regarding the next date for check up. The Health File will be handed over to you for taking it with you to the doctor in charge of the hospital if you are transferred from this hospital.

INVESTIGATION

REPORT

1. Urine	....	....	....	.....
2. Stools.	....	....	....	.....
3. Hb:	....	....	....	.....
4. T.L.C.	....	....	....	.....
5. D.L.C.	....	....	...P.....L.....E.....	.....
6. E.S.R.	....	....	....	.....
7. Blood sugar: (a) fasting.....	.....	.....	(b)Post.Prandial.....	.....
8. Serum Cholesterol. ....	....	....	.....	.....
9. Blood urea.	....	....	....	.....
10. M.M.R.Chest.	....	....	....	.....
11. E.C.G.	....	....	....	.....
12. Height:	....	....	....	.....
13. Weight.	...	...	...	Standard weight).....
14. Any other significant point	.....	.....	.....	.....
History.	....	....	....	.....
Past History:	....	....	....	.....
Family History:	....	....	....	.....

Physical Examination:	....	....	....	.....
<u>GENERAL</u>				
Alimentary system	....	....	....	.....
Respiratory system:	....	....	....	.....
Cardio-vascular system:	....	....	....	.....
Pulse rate.....p.m.				Ryth. Regular/irregular condition of arteries.....
Hearth.....				
Nervous system.	....	....	....	.....
Dental:	....	....	....	.....
Ophthalmic:	....	....	....	.....
Gynaecological(for ladies only)	...	...	...	.....
Additional remarks:	....	....	....	.....
Impression:	....	....	....	.....
Advice:	....	....	....	.....
Due dates for next check up. ...	...		

Chapter VI

MEDICAL ATTENDANCE AND TREATMENT

Section A - Definitions

601. In these paragraphs , unless there is anything repugnant in the subject or context and subject always to the provisions contained in the Indian Railway Establishment Code, Volume I-

(1) **'Authorised Medical Officer'** means the Railway Medical Officer within whose jurisdiction the Railway employee is headquartered or one who is specifically nominated for the purpose.

Note: (i) The Authorised Medical Officer may, as per the requirements of a particular case, refer the case to any other Medical Officer of the required speciality.

(ii) Ordinarily the jurisdiction of a Railway Medical Officer will be taken to cover Railway employees residing within a radius of 2.5 km. of the Railway hospital/health unit and within 1 km. radius from the station of the Medical Officer's jurisdiction.

(iii) A Railway doctor on regular leave cannot perform the duties of "Authorised Medical Officer".

(2) **"Medical attendance" means-**

(a) Attendance on Railway employee, members of the family or dependent relatives as defined in pass rules (hereafter called " Beneficiary ") at the consultation room maintained by the Authorised Medical Officer or in any Railway hospital/health unit.

(b) If there is no such consultation room/health unit/hospital, then attendance in any non-Railway hospital/health centre/dispensary to which the Railway "beneficiary" is referred to by the authorised medical officer.

(c) Attendance on a Railway employee at his residence in terms of para 634 of this chapter .

(d) Such special investigations as are considered necessary by the authorised medical officer.

Note: (i) Special investigations may include Pathological, Bacteriological and similar tests, USG, Endoscopic examinations, FNAC etc.,

(ii) For such special investigations upto Rs 1000/- in each case done in Govt./recognised Hospital or in any hospital, powers for referral/reimbursement are redelegated to MD/CMS/MS up to Rs 1000/- in each case, in case the requisite facilities are not available in nearby Govt./recognised Hospital

(iii) This power will be exercised by the MD/CMS/MS in consultation with two senior doctors (one pathologist and the other from surgical or medical speciality or by the last two when a pathologist is not available) and the proceedings of the opinion, justification and sanction recorded in the bed head ticket of the patient before the test is recommended

(iv) It should be ensured that only the special investigation facilities which are not available in Railway Hospital are referred and not the routine ones.

(v) Investigations costing more than Rs 1000/- each will continue to be decided by the Chief Medical director of the Railways, wherever necessary, in consultation with the FA&CAO, provided these were done at the instance of the Authorised Medical Officer and the amount involved does not exceed Rs. 10000/- per case.

(Ministry of Railway's letter No. 87/H/6-1/20 dt. 10/03/88, No. 91/H/6-4/26 dt. 05/01/1994 , 05/12/97, No. 89/H/6-4/policy dated 20/09/2000 and No. 99/H/6-4/Policy dated 8-11-2001)

(e) Such consultation with a specialist or other medical officer in the service of Government, stationed at places served by the Railway administration which the Authorised Medical Officer, with the approval of the Chief Medical Director, certifies to be necessary to such extent and in such manner as the specialist or the medical officer may determine.

Note: (i) A patient should not be referred to:-

(a) a specialist or medical officer not in the service of Government.

(b) a specialist or medical officer in the service of Government but posted outside the place served by the Railway administration.

(ii) Consultation with a specialist or other medical officer means obtaining an opinion on the case and advice as to the line of treatment, and management of the case, but not treatment by him.

(iii) If the Authorised Medical Officer is of the opinion that the case of a patient is of such a serious or special nature as to require medical attendance by some person other than himself, he may, with the approval of the Chief Medical Director of the Railway (which shall be obtained beforehand unless the delay involved entails serious danger to the health of the patient)-

(a) send the patient to the nearest specialist or other medical officer by whom, in his opinion, medical attendance is considered necessary for the patient, or

(b) if the patient is too ill to travel, request such specialist or other medical officer to attend upon the patient.

(iv) A specialist or medical officer summoned as above, on production of a certificate by the Authorised Medical Officer, will be entitled to travelling allowance as admissible to him under the rules applicable to him.

(v) Honorary specialists attached to Government Hospital or other recognised hospitals may be considered as Government specialist for the purpose of this Sub-para subject to the condition that such consultation will be permissible only in places where Government specialists are not available and only on the advice of the authorised medical officer who should obtain prior approval of the Chief Medical Director. The fees paid to the honorary specialists for consultation at their private consulting rooms will be reimbursed to the Railway employees in accordance with the rates prescribed for Government specialists. The consultation with the honorary specialists at their private consulting rooms will be permissible only in emergent cases.

(vi) The State Government, where agreeable, should debit the Railway administration concerned by preferring bills or by raising debits in respect of consultation fees of Government specialists. Otherwise reimbursement to the Railway employees concerned would be permissible as per rules.

(3) (A) "Treatment" means -

the use of all medical and surgical facilities available at the Railway hospital/health unit or the consulting room of the Authorised Medical Officer and includes:

(a) the employment of such pathological, bacteriological, radiological and other methods as are considered necessary by the Authorised Medical Officer ;

(b) the supply of such medicines, vaccines, sera or other therapeutic substances as are ordinarily stocked in the hospital;

(c) the supply of such medicines, vaccines, sera or other therapeutic substances etc., not ordinarily stocked, which the Authorised Medical Officer may certify in writing to be essential for the recovery or for the prevention of serious deterioration in the condition of the patient.

(d) such accommodation as is ordinarily provided in the hospital suited to the status of the Railway employee concerned. If accommodation suited to his status is not available, accommodation of a higher class may be allotted provided it can be certified by the medical officer in charge of the Government/recognised hospital:-

(i) that accommodation of the appropriate class was not available at the time of admission of the patient, or, if subsequently available, the condition of the patient did not permit shifting, and

(ii) that the admission of the patient into the hospital could not be delayed due to the nature of the illness until accommodation of the appropriate class became available.

Note:- In the case of admission of a Railway "beneficiary" in a Government or a recognised hospital, the Hospital authorities, where agreeable, should debit to Railway administration

concerned by preferring bills or by raising debits in respect of the charges for accommodation provided in the hospital. Otherwise, reimbursement to the Railway employee concerned would be permissible as per rules.

(e) such nursing as is ordinarily provided to in-patients by the hospital.
(Engagement of special nurses will be allowed to the extent indicated in sub section (3) of Section C of this Chapter).

(f) the specialist consultation as described in para (2)(e) above.

(g) shifting of the patient for treatment or examination from residence to a hospital or from one hospital to another hospital in an ambulance belonging to the Railway or Government or a local authority, etc.

Note:-(i) If, in any situation, an ambulance cannot be pressed into service to attend to an exceptionally emergent case, alternative arrangements of taxi or other suitable and available transport vehicle should be made to ensure prompt transport. The nominal payment that may be involved in such cases may be met out of the contingencies. Assistant Divisional Medical Officers may be delegated with powers for incurring of such contingent expenditure. However, all such cases, where public transport facilities are hired, should be reviewed by the competent higher authority such as MS/CMS in charge of the division to ensure that engagement of taxi etc, is not made on frivolous grounds.

(ii) In exceptional cases, when the patients are not actually fit to resume duty but are discharged from the hospital e.g., fracture cases discharged with plaster of Paris cast, amputation cases, convalescent cases recommended sick leave, etc., with the specific approval in writing of the Medical Officer in charge of the hospital, the facility of transporting patients to their residence in an ambulance may also be allowed free of cost.

(h) Blood transfusion charges paid to a Government Institution or any other local organisation registered/ approved for the supply of blood to patients in hospitals.

(i) free diet to the extent indicated in sub-section(2) of Section C of this Chapter.

(j) [The dental treatment to the extent indicated in para 637 of this Chapter.”](#)

(B) It does not include:-

(a) Massage treatment, except that in the case of poliomyelitis, may be allowed as part of the general treatment.

(b) Testing of eye sight for glasses except at Railway hospitals where facilities exist for the same.

Note:- (i) If local conditions warrant, the Railways may have their own arrangements for manufacturing and supplying of glasses to Railway “beneficiaries” on no-profit- no-loss ' basis. This scheme should be financed from the Staff Benefit Fund. In the case of group D staff, only 50 percent of the cost of spectacles may be borne by the Staff Benefit Fund.

(ii) Reimbursement of charges incurred in connection with treatment by a private oculist is not admissible under any circumstances whatsoever even if it is taken on the advice of the Authorised Medical Officer.

(c) Taxi, tonga or other conveyance charges incurred to convey a patient from his residence to the hospital or vice versa, except as provided in clause A(g) above.

(d) Cottage booking fee, admission fee, dhobi charges and charges for attendants/ ayahs at the hospital.

(e) Special articles of diet not ordinarily provided by the hospital to its in-patients.

(f) Charges incurred on account of treatment for immunizing or prophylactic purposes except at Railway hospitals at the discretion of the Authorised Medical Officer.

Note:- Cost of vaccination, inoculations and injections for prophylactic and immunizing purposes taken before commencement of international travel by Railway employees and members of their families and dependent relatives in order to procure health certificates required under International Travel

Regulations, may be reimbursed to them from the Railway revenue provided they are travelling on duty or on authorised leave in circumstances in which they are entitled to fares at Railway expense.

(4) **"Railway employees"**, for the rules contained in this Manual, means persons who are members of a service or who hold posts under the administrative control of the Ministry of Railways excepting such of the employees of the Ministry of Railways as are covered by the Medical Attendance and Treatment Rules issued from time to time by the Ministry of Health and Family Welfare.

(5) **"Family members", and "dependent relatives"** for purposes of these rules, will include all such persons as are eligible under Pass Rules.

(para 601 sub para (5) of R.I 1995 Edition)

Note:- In a case where both husband and wife are Railway employees, the husband/wife may be allowed to avail himself/herself of the medical attendance and treatment facilities either according to his/her own status or according to the status of the spouse, whichever is more favorable. Their children may also be allowed these concessions according to the status of either of their parents and the preferential claim for reimbursement of medical expenses.

(6) **"Beneficiary"** is defined as a Railway employee or his/her family member or a dependent relative as defined in the Pass Rules.

(7) **"Patient"** means a person to whom the rules in this Chapter apply and who has fallen ill.

(Rules 103(17),103(43),109(7),601,602,604,605. Ministry of Railways decision below Rule 609, Note and Ministry of Railways decision below Rule 610(i), Note 2 under Rule 615,621 of the Indian Railway Establishment Code, Volume I(1985) edition and the notes thereunder, and Ministry of Railways' letters No.E52ME3/198/3 dated 29th December 1952 No.MH59ME1/30/Medical dated 14th May 1960, No.61/M.& H/7/69, dated 23rd June 1961, No.62/H/7/52, dated 22nd October 1962, No.63/H/1/4,dated 7th August 1963, No.65/H/1/51 dated 23rd May 1966, No.66/H/1/49 dated 7th March 1967, No.67/H/1/50 dated 31st January 1968, No.66/H/1/33 dated 9th December 1968, No.69/H/1/17 dated 19th August 1969, No.70/H/13/29, dated 23rd July 1971 and 13th December 1971, No.72/H/6-1/27 dated 11th January 1973, No.F(X)I-64/PW4/8 dated 16th July 1975, No.E(W)/74/PS5-I/11 dated 8th September 1976, No.F(X)I-64-PW4/8 dated 16th July 1975, No.79/H/6-1/31 dated 5th April 1980 and No.85/H/6-1/3 dt. 15/05/1989).

Section B - Extent of Application

Sub-Section (1)-Railway employees

602. Medical attendance and treatment facilities shall be available, free of charge, to all "Railway employees", their "family members" and "dependent relatives", (as defined under Pass Rules) irrespective of whether the employees are in Group A, B, C or D, whether they are permanent or temporary, in accordance with the detailed rules as given in Section C & D of this Chapter.

Note:-For this purpose the Railway staff employed in the offices mentioned below shall be regarded as attached to the Railway administration noted against each office:

(i) Advanced Permanent Way Training School, Pune	..... Central Railway
(ii) Railway Recruitment Board, Bhopal	..... ..Do...
(iii) Director, Rail Movements, Kolkata	..... Eastern Railway
(iv) Railway Recruitment Board, Patna	..... ..Do...
(v) Chairman, Railway Recruitment Board, Kolkata	..... ..Do
(vi) Chief Mining Engineer(Dy. Coal Commissioner, Production.)	..... ..Do
(vii) Deputy Director Railway Stores(Steel),Kolkata	..... ..Do
(viii) Research Designs and Standards Organization, Lucknow	..... Northern Railway
(ix) Chairman, Railway Recruitment Board, Allahabad	..... ..Do
(x) Railway Recruitment Board, Srinagar	..... ..Do...
(xi) Railway Recruitment Board, Chandigarh	..... ..Do...
(xii) Diesel Locomotive Works, Varanasi	..... North Eastern Railway
(xiii) Railway Rates Tribunal, Chennai	..... Southern Railway
(xiv) Integral Coach Factory, Perambur	..... ..Do
(xv) Chairman, Railway Recruitment Board, Chennai	..... ..Do
(xvi) Railway Recruitment Board, Bangalore	..... ..Do...
(xvii) Railway Recruitment Board, Thiruvananthapuram	..... ..Do...

(xviii) Indian Railway School of Signal and Telecom Secunderabad	..... South Central Railway,
(xix) Railway Recruitment Board, Secunderabad	..... ...Do...
(xx) Railway Recruitment Board, Ranchi	..... South Eastern Railway
(xxi) Railway Recruitment Board, Bhubaneswar	..... ...Do...
(xxii) Railway Electrification	..... The Railways in their respective areas.
(xxiii) Tank Wagon Controller, Mumbai	..... Western Railway
(xxiv) Railway Recruitment Board, Ajmer	..... ...Do...
(xxv) Railway Staff College, Baroda	..... ...Do
(xxvi) Railway Recruitment Board, Ahmedabad	..... ...Do...
(xxvii) Chairman, Railway Recruitment Board, Mumbai	..... ...Do
(xxviii) Railway Recruitment Board, Guwahati	..... N.F. Railway
(xxix) Metropolitan Transport Project, Kolkata	..... The Railways in their respective areas i.e. the E.R and S E Railway.
(xxx) Metropolitan Transport Project, Mumbai	..... The Railways in their respective areas i.e. the Central and Western Railways.
(xxxi) Metropolitan Transport Project, Chennai	..... Southern Railway.

(Rule 602 Sub-section 2 Note of R.I 1995 reprint. and Ministry of Railways letters no.69/H/1/38 dated 6th October 1969, No.71/H/1-1/35 dated 5th November 1971 and No.80/H/6-1/3 dated 22nd February 1980).

Sub-Section(2)-Railway employees on leave/leave preparatory to retirement.

603. A Railway employee on leave, including leave preparatory to retirement, is eligible for the same medical attendance as would be admissible to him/her while on duty.

(Rule 602 sub section 3 -R.I 1995 reprint)

Sub-Section(3) -Re-employed Railway employees

604. Retired Railway employees, on their re-employment in Railways, are entitled to medical attendance and treatment facilities, free of charge, as per details given in Sections C&D of this Chapter.

(Ministry of Railways' letter No.E.51ME1/3/3 dated 26th February 1951)

Sub-Section(4)- Officers and staff of the Commissioner of Railway Safety

605. The staff and officers attached to this establishment are entitled to free medical attendance and treatment for self and family members in accordance with the detailed rules as given in Section C &D of this Chapter, irrespective of whether they were transferred from the Railways or recruited directly by the Ministry of Tourism and Civil Aviation.

(Ministry of Railways' letter No.66/H/16/3,dated 16th November 1966)

Sub-Section(5) - Audit Staff

606. (1) Railway Audit Staff are governed by the following rules:

(i) The normal entitlement of the Railway Audit employee is the G.C.S (MA) rules or the C.G.H.S rules as are in operation but the employee can exercise an option to avail of the Railway Medical facilities for himself and dependant members of the family in terms of the provisions of para 19 of the Railway Audit Manual.

(ii) An employee will be governed either by Railway medical facilities or the Civil medical facilities but not both simultaneously.

(iii) The option to avail of either the Railway medical facilities or the Civil medical facilities will be available to each individual employee and need not be exercised by all the employees of an office as a whole.

(iv) The option once exercised will not be changed except in the event of the change of residence at the same station or transfer to another station.

(v) When a Railway audit staff opts for Railway facilities, medical attendance and treatment to the extent available to Railway employees of corresponding status will be available, free of charge, to the Railway Audit staff/and their family members, in accordance with the detailed rules as given in Section C &D of this Chapter.

(CAG's letter [No. 3309-NGE I/112-78 dated 24-09-80](#))

(2) Audit staff posted in North east Frontier Railway, and their families, who have been permitted Railway Medical facilities, when referred for medical treatment by the Chief Medical Director/N.F.Railway to the hospitals on other Railways for any specialist treatment, will get appropriate treatment in those Railway hospitals. However, if the N.F.Railway Audit staff are required to be referred to civil hospitals, recognised under the Railway Medical Attendance Rules for medical treatment, the cost of such medical treatment will be borne by the Audit Department themselves.

(M.O. R's letters No.E46ME38/3,dt.24/06/1964, No.64/H/7/158 dt. 9/11/64 and [No. 81/H/6-1/47 dt. 2/02/82](#))

Sub-Section(6) - Railway employees on deputation to Rail India Technical and Economic Services Ltd.(RITES) Indian Railway Construction Company Ltd.(IRCON)

607. Railway employees on deputation to RITES/IRCON may be permitted to continue to avail of the medical facilities in accordance with the detailed rules as given in Section C&D of this Chapter. However, RITES/IRCON would pay annual contribution on the basis of per capita expenditure on a Railway employee on an All-Indian Railways basis multiplied by the number of Railway employees on deputation with them who have opted for these rules.

(Ministry of Railways' letter No.79/H/6-3/8,dated 18th July 1980)

Sub-Section(7) - Railway employees on deputation with Trade Unions, etc.

608. Railway employees on deputation with Trade Unions or other similar organisations as full-time paid union workers may be permitted to continue to avail of the medical facilities, free of charge, in accordance with the detailed rules as given in Section C&D of this Chapter.

(Ministry of Railway's letters No.MH59/ME1/21/Medical,Dt.01/08/1960 and No. E(L) 60UTI -111,dt.. 21/12/1960).

Sub-Section(8)-Trade Union officials who are Ex-Railway employees

609. (1) Medical attendance and treatment facilities will be available, free of charge, to the trade union officials who are ex-railway employees, in accordance with the detailed rules as given in Section C &D of this Chapter, on the following terms and conditions:-

(i) The ex-Railway employees should have resigned from the Railway service and the resignation accepted by the Railway administration.

(ii) The ex-employee should be president, vice-president or general secretary at the All-India level or the Zonal level of a recognised trade union. The office bearers at the divisional or branch level etc. would not be eligible for the facility.

(iii) The benefits would be admissible till they attain the normal age of retirement of a railway employee.

(2) The above officials after attaining the age of superannuation may elect to join the "*Retired Employees' Liberalised Health Scheme '97*". The rate of contribution in their cases will be on the basis of last pay drawn on the Railways.

(Ministry of Railways' letters No.E (LU)71UT3-2,dt. 02/07/1971 and No.E (LR)III-78 UTF-3,dated 1st March 1978)

Sub-Section (9)-Quasi-Railway Organisations

610. (1) Free medical attendance and treatment facilities in Railway Hospitals are available to the staff themselves of the:-

(i) Consumer Co-operative Societies,

(ii) Staff Benefit Fund Committees,
 (iii) Railway Institutes,
 (iv) Railway Officers' Clubs,
 (v) Station Committees,
 (vi) Statutory canteens on Indian Railways and
 (vii) Whole time (not part time) employees of the AIRF/NFIR & Zonal recognised unions/Federations. The number of beneficiaries on this account is restricted to the current level of whole time workers/officers employed by the Federations/recognised unions.

Note: The above mentioned staff should obtain medical fitness certificates from the Railway Medical Officers who, while issuing such certificates, will make sure that the applicant is not suffering from any old and chronic disease requiring medication on a permanent basis. Zonal Railways may issue medical identity cards to such staff only after scrutinizing the medical certificate. Such cards should have expiry date as the end of the financial year and be renewed at the start of the next year on receiving authority letter from the concerned organisation.

(2) Free out door treatment facilities only will be available to the family members of the quasi-Railway Organisations as mentioned in Para 610 (1). All such beneficiaries should be issued identity cards with photographs of beneficiaries mentioning "VALID FOR OUT-DOOR TREATMENT ONLY"

(3) Medical attendance and treatment facilities are available to the staff and to the members of their families of the Co-Operative credit Societies and Banks on payment on per capita basis, the per capita charge being calculated on the basis of total expenditure on medical services (excluding health services) incurred on Railway employees in India during the previous financial year.

(4) The staff (but not their family members) of the Canteens on the Railways run by Co-operative Societies specially formed for the purpose and in the Ministry of Railway's office may be extended free medical treatment in the outpatient departments only. However, charges are levied for all investigations.

(5) Indoor medical facilities to the family members of the quasi-Railway organisations as mentioned in Para 610(1) above will be made available on payment at per capita basis. The per capita charge is calculated on the basis of total expenditure on medical services (excluding health services) incurred on Railway employees in Indian Railways during the previous financial year.

Note: All those who are permitted /entitled for medical treatment on per capita basis under paras 610 and 623, can only avail of medical facilities available locally in **respective** Railway hospital/Health Units without any referral to other Intra-Railway or Inter Railway Hospitals/Health Units or any other intra-Railway or inter -Railway Hospitals/Health units or any other non Railway Hospitals. For availing of treatment in any super specialty centers, such beneficiaries will be treated as outsiders. For this purpose the term ' super specialty ' denotes those specialised services for which separate centres have been developed at various Railway Zones i.e. Cardiovascular Surgery at Perambur, Plastic surgery at Byculla, Gastroenterology at J.R.H, Orthopedic Surgery at Howrah, Orthopedic centre and Cancer treatment facilities at C.R.I/Varanasi.

(MOR's decision No.2 below Rule 602-R.I, MOR's letters No.64/H/7/116,dated 31st August 1965, No.71/H/1-1/18,dated 14th September 1971 and No.73/H/6-1/24, dated 1st October 1973 and Rly Bd.'s No. E(W) 97 CNT-4 dt. 15/11/1979 , M.O.R's letter No.88/TGII/1010/51/ Medical/ Policy dt. 09/12/1988, M.O.R's letter No.90/H/6-1/13 dt. 28/05/1993, 24/08/93, 25/11/94, and Bd.'s No90/H/6-1/13 dt. 23/11/94 , No 90/H/6-1/13 dt 24/05/1995, dt 22/06/1995and 08/09/97and letter No.98/H-1/2/1 dt 7-2-02))

Sub-Section(10)-Apprentices

611. Medical attendance and treatment facilities, free of charge, will be admissible to all Apprentices other than those governed by the Apprentice Act, 1961, but not to their family members, on the same scale as available to Railway employees, but confined only to the extant facilities as available in Railway hospitals and health units. For the purpose of medical attendance and treatment they may be classified according to the categories for which they are Apprentices. For the purpose of recovery of diet charges, the stipend drawn by them should be treated as pay. No reimbursement facilities are available in non-Railway institutions or T.B institutions where beds have been reserved for Railway employees.

Note: (i) Trade Apprentices as are governed by the Apprentice Act 1961, but otherwise come within the definition of the phrase "family members" or "dependent relatives" of a Railway employee, will be eligible for medical attendance and treatment facilities according to the status of the Railway employee, under the normal rules.

(ii) Free medical treatment may be accorded to all Apprentices, including those governed by the Apprentice Act, 1961, when personal injuries are caused to them by accidents arising out of and in the course of the training as Apprentices.

(Sub-section 10 of 602-R-1 1995 reprint and MOR's letters No. MH 58 ME1/24/Medical dt..12/01/1960, No 64/H/1/51 dt. 23/05/1966. No.E(Trg)/64/TRI/89 dt. 27/05/1966 and No.E(Trg)1/67/TRI/15 dt. 08/02/1968)

Sub-Section(11) Retired Employees

612 A “Retires Employees Liberalised Health Scheme-1997 ('RELHS-1997”).

(1) Retired Railway employees covered under RELHS-97 will be provided with full medical facilities as admissible to serving employees in respect of medical treatment, investigations, diet, and reimbursement of claims for treatment in Govt. or recognised non railway hospitals. They will also be eligible inter-alia, for a) ambulance services b) medical passes c) home visits d) medical attendance for first two pregnancies of married daughters at concessional rates and e) treatment of private servants as applicable to serving railway employees.

Note: (i) Those who join the RELHS-97 shall hold identity cards with photographs of all the beneficiaries.

(ii)For the purpose of d) of subpara (1)above special identification cards will be issued duly affixing photographs of married daughters with clear instructions on the card which shall read " ONLY FOR CONFINEMENT AND TREATMENT DURING ANTE-NATAL AND POST NATAL PERIODS FOR THE FIRST TWO PREGNANCIES AT CONCESSIONAL RATES"

(2) **Eligibility:** Minimum 20 years of qualifying service in the Railways will be necessary for joining the scheme and the following categories of persons will be eligible to join the same:

- (i) All serving Railway employees desirous of joining the scheme will be eligible to join it in accordance with the procedure laid down herein under “Mode of Joining”,
- (ii) All retired Railway employees who were members of the old RELHS will automatically be included in the RELHS '97.
- (iii) Spouse of the Railway employee who dies in harness.

These orders are not applicable to those Railway servants who quit service by resignation.

(3) Family/Dependents

Definition of ‘family’ for the purpose of this scheme will be the same as in respect of the serving Railway employees. The definition of “dependant” will be the same as in the Pass Rules.

(4) Rate of contribution

a) For joining RELHS '97, one time contribution equal to the last month's basic pay will have to be made at the time of retirement by those opting to join the scheme. The persons who are already members of the existing RELHS are not required to make any fresh payment. However, those who have joined the existing RELHS after 1.1.96 will have to pay the difference of one time contribution on account of introduction of fifth pay commission's revised pay scales w.e.f. 1.1.96. It will be the responsibility of the Railway Administration to realise the amount due from the concerned RELHS members.

b) In respect of pre 96 retirees the basis for the one time contribution will be the revised pension drawn by the retired railway employee for joining the RELHS-97. The rate of contribution shall be calculated as under.

- i) a) For employees who retired before 1-1-96 : Revised basic pension as on 1-1-96 including commuted value(Gross pension) multiplied by the figure of two. (b) all those who retired prior to 1.1.96 and joined RELHS between 1.1.96 and 30.9.96 are required to pay a one time contribution equal to their last pay drawn.
- ii) For family pensioners: A sum equivalent to double the amount of their revised normal family pension as on 1-1-96

- iii) For SRPF Optees : For those SRPF Optees **or their widows** for whom ex-gratia payment has been approved on the basis of the recommendations of the V CPC, a one time contribution at twice the ex-gratia monthly payment may be deposited.

(Rly Bd's Letter NO2000/H/28/1(RELHS) dt 23-06-2000)

(5) Mode of Joining

a) All employees will have to give their option to join the RELHS '97 at least 3 months prior to their date of retirement. The option given once will be treated as final. No further chance will be given subsequent to retirement.

b) Such of the post 1-1-96 retirees who have not yet joined the scheme will be given another chance to join by 31-12-99.

c) For pre 1-1-96 retirees there is no cut-off date for joining RELHS-97. However they have to pay the contribution at rates mentioned in the preceding paragraphs.

d) Members of RRECHS will also have the option to switch over to RELHS '97 by making payments as mentioned in sub-para(4) above before 31-12-99.

(Authority: Ministry of Railways letter No.91/H/28/1 dated 23.10.97, dt. 26/03/1999 and 97/H/28/1 dt. 17-05-1999)

B. Retired Railway Employees Contributory Health Scheme(RRECHS)

- (1) RRECHS will continue for the existing memmbers of the scheme. No new members will be allowed to join the scheme
- (2) The benefits under the scheme will be limited to out door treatment of retired railway employee and his/her spouse in Railway hospitals/health units
- (3) The beneficiary may avail of the facilities from the hospital where he/she is registered irrespective of the railways he/she has retired from.
- (4) The retired railway employee and his/her spouse will be entitled to the sevicees of the railway doctor of the same rank as retired employee was entitled to at the time his/her retirement. Free supply of medicines and drugs ordinarily stocked in Railway hospitals for the treatment of outpatients may be permitted by the railway doctor treating the case, who may also refer the case to the Hony. Consulatnt attached to the railway hospitals for which no separate charges will be levied. Routine examination of blood, urine and stool includng blood sugar, blood cholesterol, blood urea examiantion and routine Chest x-ray P.A view and routine E.C.G may be done free. Separate charges based on 40 % of the schedule of charges laid down for outsiders will however be recovered for indoor treatment, specialised treatment, other pathological examinations, radilological examinations and operations. Cost of medicines not ordinarily stocked in railway hospitals for treatment in the outpatient department , charges for blood when supplied form railway hospitals and charges for diet will be recovered in full. The facility for out door treatment for chronic diseases like T.B., Leprosy, Cancer and Diabetes etc. are as available to serving railway employees may be extended.
- (5) The existing members of the scheme who wish to continue in the scheme have to pay revised rates of contribuuiion at the following rates w.e.f 01/02/2000 in advance for either six months or whole year in acash or by cheque.

Categories of the staff	Rate of monthly contribution
Group 'D'	Rs.9/-
Group 'C'	Rs.18/-
Group 'B'	Rs 27/-
Gropu 'A'	Rs.36/-

- (6) The benefits of the scheme may be extended to the dependenat children of the retired railway employees on payment of additional charges at half the rates as mentioned in suub para 5 above for each dependenat child, the other terms and condirtions remaining unaltered.
- (7) Endorsement for the contribution made from time to time should be made on the identity card.

- (8) In the event of death of the beneficiary /beneficiaries before the expiry of the term for which contributions have been paid, the contribution already paid is not refundable to their heirs.
- (9) No reimbursement is allowed in cases where the beneficiaries have to take medical treatment in places other than the railway hospitals. If referred to other railway hospitals for indoor treatment charges may be recovered by the treating hospitals.
- (10) No medical pass can be issued.

Note: (i) Advance payment covering bed charges for 10 days as also other expected dues in full, subject to a minimum of Rs. 50/- is a precondition for admission of a beneficiary as an indoor patient. Further payment should be ensured for amounts that may become or expected to be due. The doctor in-charge of the case has to take it as his personal responsibility. Settlement of dues may be finalised at the time of discharge of the patient.

- (iii) A person who is in this scheme should keep his/her identity card valid by paying the subscriptions regularly in time and getting his card renewed. The card can not be renewed for short intermittent periods without payment for the intervening spells irrespective of whether the beneficiary has availed of any treatment or not during those spells.

(Rly Bd's No 83/H/6-2/6 dt 15/09/1984, No.84/H/6-2/9 dt 15/06/1985, No.88/H/6-2/19 dt 10/05/1988, No.81/H/6-2/8 dt.24/08/1982, No.82/H/6-2/6 dt. Nil/12/1982 and Bd's Letter [No..97/H/28/1\(pt\) dat 30/08/1999](#))

Sub-Section(12)-Railway employee enrolled/commissioned in the Territorial Army

613. A Railway employee enrolled/commissioned in the Territorial Army will be entitled to treatment by military medical services during the periods of training and embodiment. The family members and dependent relatives of the employees will be governed by the Railway Medical Attendance and Treatment Rules during the period the Railway employee is in training in military service.

Sub-Section(13)-Government Railway Police Personnel

614. Medical attendance and treatment facilities, both outdoor and indoor, may be made available at the specific request of the State Government concerned, to the personnel themselves of both the "Order" Police and the "Crime" Police wings of the Government Railway Police. Debits on per capita basis, the charge being calculated on the basis of total expenditure on medical services (excluding health service) incurred on Railway employees on all Indian Railways during the previous financial year, may be raised against the State Governments concerned leaving it to the State Governments to pass on the debits to the Railways in respect of the "Order" Police.

Note:(1) No separate charges will be levied for the medicines ordinarily stocked in Railway hospitals and health units, nor will the doctors charge any fees for consultations in Railway hospitals and health units.

(2) The expenses incurred for the treatment of Government Railway Police personnel in civil hospitals and dispensaries, at places where Railway medical facilities are not available, will not be reimbursed.

(3) For the calculation of the charges to be recovered from a State Government, the total strength of the Government Railway Police personnel of the State should be taken into account irrespective of actual number of persons availing of the facilities.

(Rule 1274-G.I and MOR's letters no. MH59ME5/102/Medical, dated 14th 15th March 1961, No.62/H/I/1, dated 6th April 1962, 26th April 1962 and 17th November 1962).

Sub-Section(14)-Private servants

615. The private servant of a Railway employee (i.e. a person employed on a salary in personal service of the Railway employee concerned on a whole-time basis) as is eligible for passes, is also eligible for medical attendance and treatment as outdoor patient and also, to the extent accommodation is available, as indoor patient, at all Railway hospitals and health units. In case of indoor treatment, charges at 40 percent of the schedule of charges laid down for outsiders may be levied for the specialised and indoor treatment and for all investigations.

Note: The outpatient treatment should be confined to short routine illness and not diseases requiring prolonged management of cases.

(Rule 631-R.I. and Ministry of Railway's letters No.65/H/7/189, dated 3rd January, 1967 and 10th November 1967 and No.71/H/I/1/16, dated 29th March 1972).

Sub-Section(15)- Casual Labour

616. All casual labour, project as well as non-project, may be given medical facilities(for self only) in out-patient department. The service cards of the employees may be utilised as the identification card for this purpose.

Note: (i) When they develop post-sterilization complication and require indoor treatment, free diet also is admissible.

(ii) Casual labour (both project as well as open line) with more than three months service will be entitled to same rights and privileges as admissible to regular Railway employees i.e., for self and family members.

(Ministry of Railway's letters No.66/H/(FP)6/74, dated 11th June 1973., No.E(NG)II 77CL/2 dated 3rd May 1978., and No.E(NG)II/92/CL/27dt. 27/09/1993).

Sub-Section(16) - Contractors, their staff and labourers

617. (1) Contractors engaged by Railway administration and their staff are not entitled to free medical attendance and treatment facilities. They and their family members may be treated in Railway hospitals and health units as private patients and charged accordingly.

(2) Contractor's labor (but not their family members) may be given free medical treatment facilities in Railway hospitals and health units in places where no other hospitals etc., are available, provided the contractor pays the cost of the diet, medicines and dressings.

Sub-Section(17)-Licensed Porters

618. (1) Licensed porters are eligible for free outdoor medical treatment for self, wife and dependent children only at Railway hospitals and health units. However, charges are levied for all laboratory, X-ray examination and other investigations.

(2) Free medical attendance and treatment facilities as indoor patient (excluding diet) will be available in Railway hospitals only when the licensed porters sustain grievous injuries while carrying passengers' luggage. This will be certified by the Station Master/Station Superintendent concerned that the party was hurt while working as a licensed porter in the Railway premises and as also about his identity. A free Railway Pass may be issued to cover his journey to the line doctor/hospital/health unit where necessary.

Note: (a) Every bonafide licensed porter should be issued a Medical Identity card bearing the photographs of all entitled members, duly attested by the competent authority engaging him. This card should mention the name of his wife and dependent children who are the bonafide beneficiaries. The same should have clear indication of 'VALID FOR OUT DOOR TREATMENT ONLY'

(b) Every licensed porter on the termination of his service or transfer of his license must surrender his medical card to the competent authority before he is relieved. Utmost care is required to be taken to avoid fraudulent use of the card by unauthorized persons.

(c) Any licensed porter, if found to be indulging in fraudulent use of this medical card, must be given deterrent punishment/cancellation of his license.

(Ministry of Railways' letters No.69-TGII/1010/29/SG/R-42 and 43, dated 26th August 1969, No.69-TCII/1010/24, dated 21st October 1971, No.66/H(FP/6)74 Pt.II, dated 28th May 1973, No.73/H/6-1/24 dated 1st October 1973, No.69-TGII/1010/29/SG/R-42 and 43, dated 3rd March 1976 and [No.95/H/6-1/17 dt. 21/06/1995](#)).

Sub-Section (18).-Licensed Shoe Shine Boys

619. Licensed Shoe shine Boys working at the Railway Stations are eligible for free outdoor medical treatment for self only at Railway hospitals and health units subject to the following conditions. However, charges are levied for laboratory, X-rays and other investigations.

(a) Every bonafide licensed shoe-shine boy should be issued a Medical Identity card bearing his name and photograph, duly attested by the authority competent to issue licenses to them. It should be clearly mentioned on the Medical Identity Card that it is 'VALID FOR OPD TREATMENT ONLY'

(b) Every licensed shoe shine boy on transfer of his license must surrender his medical card to the competent authority before he is relieved. Utmost care is required to be taken to avoid fraudulent use of the card by any unauthorised person.

(c) Any licensed shoe-shine boy, if found to be indulging in the fraudulent use of this medical card, must be given deterrent punishment/cancellation of his license.

(Rly Bd.'s No.95/H/6-1/17 dt. nil/06/1998)

Sub-Section (19)-Commission Vendors

620. Free medical treatment facilities are available to the commissioned vendors/bearers engaged on commission basis in the departmental catering on the Railways as outdoor patients for self only. Free medical attendance and treatment facilities as indoor patients will be available only when they sustain injuries in the course of their duties.

Note: The outpatient treatment should be confined to short routine illnesses and not diseases requiring prolonged management of cases.

(Ministry of Railways' letters No.62/H/1/70, dated 16th February 1963 and No.61)H/1/70 Pt.A, dated 17th March 1964 and No.71/H/1-1/16 dated 16th June 1971).

Sub-Section (20)-Pool Officer

621. The Pool Officers of the Council of Scientific and Industrial Research, New Delhi, attached to the Railways, are not entitled to free medical attendance and treatment facilities.

(Ministry of Railways' letter No.E(GR/1/64RCI/52, dated 23rd August 1965).

Sub-Section(21) - Outsiders

622. (1) Free medical attendance and treatment facilities are not admissible to outsiders.

(2) However, when spare accommodation is available after meeting the needs of Railway beneficiaries, the Railway administration may allot up to a maximum of 10 per cent of the beds in a Railway hospital for outsiders.

(3) Different charges as shown in Annexure I have been laid down for different types of accommodation in health units/polyclinics and wards of various hospitals. For the calculation of charges to be recovered from outsiders, the day should be counted from midnight and the charges for hospital stay should be for a full day even if the stay in the hospital is for a fraction of a day. These charges are inclusive of accommodation, ordinary medicines and professional services but do not include charges for X-ray examination, pathological, bacteriological and analytical tests etc. The charges for different types of accommodation, investigations, blood transfusion and treatment procedures have been given in Annexure I to this Chapter and should be separately paid for. The charges for items not specified in Annexure I may be decided by the Railway administration locally in consultation with their F.A & C.A.O s.

(4) Outsiders seeking admission in the Railway hospitals for medical or surgical treatment require thorough medical examination by the concerned doctors at the time of admission. For this examination/consultation, a fee of Rs.40/- (valid for 15 days) should be charged, in addition to the usual charges for all clinical and pathological investigations. Where the visits by outsiders are for investigations only and no examination by or consultation with the doctor is involved, only the prescribed charges for the investigations should be realised.

(5) Separate charges are also levied for diet and special medicines. The rate of recovery in respect of diet may be full cost of the diet plus 50 per cent of the overhead rounded off to the nearest rupee. Half diet charges are levied only if discharged at or before 12 noon.

(6) Charges for blood transfusion are laid down in annexure I.

(7) The bed charges also do not include fees for confinement cases and fees for operations. Fees for different types of operations, to be levied from outsiders, are as follows:-

	O.T.Charges	+	Fees for operation
(a) Trivial operations under L.A ...	Rs.70/-	+	Rs 250/-
under G.A ...	Rs 150/-	+	Rs 250/-
(b) Minor operations	Rs.300/-	+	Rs 600/-
(c) Major operations	Rs.500/-	+	Rs 2500/-
(d) Special Operations	Rs 1000/-	+	Rs 5000/-
(e) C.A.B.G	Rs 1000/-	+	Rs 8000/-
(f) Open heart surgery	Rs 1000/-	+	Rs 10000/-
(g) Closed heart surgery	Rs 1000/-	+	Rs 10000/-

(Bd's No.89/H/6-1/2 dated 24/12/1991 & 2000/H/6-1/45 dt.15.5.2001.)

Note: Outsiders undergoing tubectomy or vasectomy in Railway hospitals/health units are exempt from any charges, including for consultation, routine investigations, operation, admission, if necessary, and medicines required for these operations.

(Ministry of Railway's letter No.95/H(FW)/9/13 dt. 31/05/1996)

(8) A list broadly classifying the operations into major, minor, trivial, and special is contained in Annexure II to this Chapter. In doubtful cases, however, the decision of the Chief Medical Director in regard to classification shall be final.

(9) Fees levied from outsiders for confinement cases to Railway hospitals are as follows:-

(a) Normal labour without episiotomy ...	Rs.1375+ labor room charges
(b) Normal labour with episiotomy	Rs.1625+ labour room charges
(c) Abnormal labour	Rs.2000+ labour room charges

Note: (1) There will be no sharing of any charges recovered for bed/cabin(Srl. No.2(i) of Annexure I) theatre/labour room charges(Srl No XVIII of Annexure I).These are to be credited in full to the Railway revenue. However, other charges given in Annexure I to this chapter are to be shared between the Railway medical personnel (including Medical officers) and the Railway administration in the ratio of 1:4. The total amount realised from outsiders should be credited to the Railway revenue first and the claim has to be preferred later. 80% of the amount so realised should be retained by the Railway. Balance 20% will be available for sharing amongst doctors and hospital staff as follows:.

(a) Doctors	40%
(b) Para medical Group'B' or 'C' Staff	35%
(c) Ministerial and other Group 'C' staff in separate functions like laundry, diet ambulance etc.,	5%
(d) Group 'D' Staff	20%

The proportion allotted to various categories should be divided equally among members of the category.

(Bd.'s No 88/H/2-1/14 dt. nil/11/90)

(2) Advance payment, covering bed charges for ten days as also other expected dues in full, subject to a minimum amount which may vary from Rs 500/- to 1000/- depending upon the type of the case, is a precondition for admission of an outsider as an indoor patient. Further payments should be ensured for amounts that may become or be expected to be due. The doctor in charge of the case has to take this as his personal responsibility. Settlement of dues may be finalized at the time of the discharge of the patient.

(3) Married daughters of the Railway employees, should be charged at 40% of the scheduled charges fixed for outsiders for bed, operation, laboratory tests, X-ray etc. including Ante-natal and post natal check-up period for the first two confinements. O.T. charges will not be levied for the first two confinements. Full charges are to be levied for diet and medicines. **The consultation fee in OPD valid for a fortnight as applicable to outsiders should be levied in full.**

(4) Freedom fighters travelling on a valid first class pass: Medical facilities, as are available in Railway hospitals, may be provided to freedom fighters, free of cost, as and when they undertake '*Bharat Darshan*' on a valid first class Pass.

(Bd.'s Letter No 84/H/17/3 dt. 09/04/84 and No. 86/H/6-3/15 dt 21/05/1987)

(5) The Chairman and members of the Passengers' Amenities Committee will be governed by the Railway Medical Attendance Rules during their tenure as the Chairman/members of the committee.

(Rly Bd.'s letter No ERB-I/96/23/27 dt. 17/02/97)

(.Ministry of Railway's letters No.E55ME5/ 70/Medical dated 7th/ 15 November, 1956. No.MH59MEI/5/Medical, dated 26th September 1959.No.63/H/7/92, dated 4th/5th September, 1963, No.PC-62/PS-5/MH-2, dated 1st October,1964. No.66/H/1/27, dated 7th October,1967 and 4th April,1968, No.65/H/1/21, dated 26th February 1969 and No.66/H/1/27, dated 5th July,1969, No.71/H/16/8 dated 13th October 1971, No.69/H/7/40, dated 18th January 1972, No. 72/H/6-3/8, dated 22nd June 1972, No.72/H/6-3/12, dated 16th August 1972, No.68/H/10/19, dated 9th March 1971, No.74/H/6-3/3, dated 25th March,1974, No.75/H/6-3/11, dated 8th March 1976, No.76/H/6-3/2, dated 3rd June,1976, No.75/H/6-3/11, dated 16th July,1976, No.76/H/6-3/3, dated 3rd December,1976, No.76/H/6-3, dated 7th December 1978, No.76/H/6-3/4, dated 10th January 1979,No.77/H/6-3/6, dated 17th February 1979, No.79/H/6-3/9, dated 7th September 1979, and No.77/H/6-3/4, dated 22nd September 1979. M.O.R's letter No. 89/H/6-1/2 dt. 25/09/1989 , No.88/H/(FW)/7/2 dt. 05/05/1988 , No 84/H/6-3/13 dt. 30/09/85, dt. 21/05/87 and dt. 17/08/95)

Sub Section-22 - Employees of other Government Departments

623. (1) For the employees of other Government departments residing at places where there are no government hospitals/dispensaries other than the Railways, the concerned government department may enter into an agreement with the Ministry of Railway on "no-profit- no -loss" terms for the grant of Railway medical attendance and treatment facilities to their employees in such places.

(2) Medical attendance and treatment facilities of both the outdoor and indoor type will be made available to such employees and their family members. The indoor accommodation will be given to them only if the same is not required for the use of Railway beneficiaries.

(3) For these services, the Government department concerned will be required to pay annually to the Railway administration, the charges calculated on per capita basis for the total number of their employees in the area to whom the Scheme has been extended, irrespective of the number of employees who actually availed of the Railway medical facilities. The rates for purposes of such calculations will be as per Railway's per capita expenditure on medical and health facilities to their own employees in the preceding financial year. The charges are inclusive of accommodation, ordinary medicines and professional services

(4) Accommodation, ordinary medicines, and professional services shall be free. Separate charges will, however, be levied for X-ray examination, pathological, bacteriological and analytical tests, diet, special medicines, confinement cases and operations at the scale laid down for outsiders in Sub-Section(21).

(5) Separate charges will also be levied for visits by the Railway Medical Officers to the residence of the employees and their family members at the same scales as laid down for Railway employees in Para 634.

Note: (i) The per capita rates referred to in Paras 623(3), and 610 of this chapter will be based on the All-India Railway average and not on the per capita expenditure of the concerned Railway administration.

(ii) The charges mentioned in Para 623(4) above are to be paid by the employees themselves in the first instance, which may subsequently be claimed by them from their own department as per the rules of that department.

(iii) The fees mentioned in Para 623(5) above, may be retained by the Railway doctor in full. Higher fees will not be charged for night visits.

Sub-Section (23)

Central Government employees governed by the C.S.(M.A.) Rules 1944.

624. Central Government employees governed by the C.S.(M.A) Rules 1944 and orders issued thereunder can, subject to the availability of accommodation, avail of such medical attendance and treatment as admissible to outsiders in Railway hospitals on payment of charges as prescribed for outsiders. Preference would, however, be given to these employees amongst outsiders.

(Ministry of Railways' letter No.74/H/6-3/14 dated 4th August 1975).

Note: 1) The Chairman, Vice Chairman and Members of Railway Claims Tribunal shall be entitled to medical treatment and hospital facilities as provided in the Central Govt. Health Scheme and in places where the CGHS is not in operation, as provided in the CS(MA) rules 1944.

2) Notwithstanding any thing contained in 1) above, the Chairman, Vice Chairman and Members of Railway Claims Tribunal shall be entitled, at their option, to avail of the health service facilities applicable to officers of equivalent pay scales under the Railway administration or where there are no equivalent pay scales, to facilities applicable to officers drawing the highest pay scale under the Railway administration.

(Ministry Of Railway's No.89/H/10/2 dt. 30/11/1989)

Sub-section(24).Railway employees on deputation in India/abroad/posted abroad:-

625. Railway employees sent on deputation to other Govt. Departments/Corporations/Undertakings may be governed by the Medical Attendance Rules of the borrowing Department/Corporation/Undertaking. The borrowing Department/Corporation/ Undertaking may, however, allow the Railway employee, at his option, to enjoy Railway medical facilities, provided a contribution to Railway revenue is made by the borrowing Department/Corporation/Undertaking or by the Railway employee concerned, as may be mutually agreed upon between them, at the rates of recovery prescribed from time to time for Government employees of his status under the Central Govt. Health Scheme.

(sub-section 19 under Rule 602-R.I 1995 reprint.)

(1) Railway employees on deputation abroad and India-based Railway employees posted abroad:- Railway employees working in posts outside India and/or sent abroad on deputation may be divided into the following three categories for the purpose of grant of medical facilities, viz..-

(a) those who are sent on "short-term" deputation abroad i.e. when the period of continued stay abroad does not exceed six months;

(b) those who are sent on "long-term" deputation abroad i.e. for a period in excess of six month; and

(c) India-based Railway employees posted abroad.

(2) Railways employees falling under category 1(a) above will governed by the orders issued by the Ministry of External Affairs from time to time, whereas those falling under 1 (b) and 1(c) above will be entitled to medical facilities as are admissible under the Assisted Medical Attendance Scheme as published by Ministry of External Affairs and as corrected from time to time.

(3) Subject to the provisions of the Assisted Medical Attendance Scheme, the concessions admissible thereunder are also applicable to wives, children and step-children residing with and wholly dependent on the employees falling under 1(b) and 1(c) above.

(Ministry of External Affairs' Memorandum No. 1 (i) 19/MP-55 dated 13th September 1955).

Families in India of employees posted abroad.

(1) Free medical attendance and treatment will also be admissible to families in India of employees posted abroad, provided medical attendance and/or treatment is in accordance with the rules and orders in force in India.

(2) The employee concerned should arrange to collect from his family in India all the necessary certificates, bills, receipts, vouchers, etc. that are required to accompany any claim for refund under the relevant rules and orders. He should then submit his claim to his Accounts Officer through the Head of the Mission/post in which he is serving. The claim should be made out in the salary bill form and supported by the prescribed application form, necessary bills, vouchers and certificates as required under the rules. When

the payment is authorised by the Accounts Officer, it should be made payable in India to person duly nominated by the employee to receive payment on his behalf. Refunds for expenditure incurred in India shall not be made in a foreign currency. The nomination shall generally accompany the claim so that after the claim has been passed by the Accounts Officer, that officer can issue a letter of authority to the nominee to receive the payment. The expenditure on such refunds should be debited to the Railways.

(Ministry of External Affairs' Memorandum No. 1(i) 19/MP-55 dated 13th September 1955).

(3) **Medical Examination:** For the purposes of the Assisted Medical Attendance Scheme, the examining medical authority for both the gazetted and non-gazetted Railway employees will be the MS/CMS of the division.

(4) **The Controlling Officer:** The 'Controlling Officer' in the case of medical claim of the Railway employees serving in/deputed to Missions/post abroad will be the Head of the Mission/post concerned.

(602 sub-section 4 of R.I 1995 reprint.).

Families of Railway Employees on secondment to foreign service.

(5) Families, left behind in India, of Railway employees on secondment abroad on foreign service terms may be treated at par with the families of retired railway employees governed by the Retired Railway Employees Contributory Health Scheme.

(M.O.R's letter No.78/H/6-1/27 dated 21/09/1978)

626. Identity card necessary for availing of facilities in Railway hospitals- (1) No medical treatment facilities should be provided to a Railway beneficiary if the medical identity card is not produced for the purpose.

(2) In the case of licensed porters, commission vendors etc., who are not regular employees of the Railway but who are entitled to Railway medical facilities on a restricted scale, they may be issued identity cards with an additional endorsement indicating the category to which they belong, like "licensed porter" "commission vendor", etc.

(3) In so far as casual labour is concerned , their service book which indicates whether they are in service or not at the particular point of time ,may serve as the medical identity card.

(4) In emergencies, however, a patient, even in the absence of identification papers, has to be attended first, including administration of such medicines, and use of such appliances as may be necessary. With the help of Welfare Inspectors, efforts should be made to establish the patient's identity. In case the patient is found to be a non-Railway beneficiary, he should be treated as an outsider and charged accordingly or transferred to a non-Railway hospital as soon as the patient's condition stabilizes and the expenditure incurred written off with concurrence of the competent authority.

(Ministry of Railway's letters No.79/H/6-1)24, dated 30th July 1979, No.76/H/6-1/10, dated 25th May 1978 and No.79/H/6-1/22, dated 26th July 1979).

Sub-Section (25) - General

627. Non-entitled persons temporarily staying with Railway employees residing in places where outside medical help is not readily available: Relations of Railway employees not covered by the Railway Medical Attendance and Treatment Rules and friends temporarily staying with Railway employees residing at places where outside medical help is not readily available, will be entitled to medical attention by Railway doctors, who may charge fees as indicated in Paragraph 634(2).

(MOR's letters No.62/H/7/89 dated 27th July 1962 and No.E58ME5/74/Med. dated 4th June 1963).

628. Passengers who take ill while travelling: (1) While it is not incumbent on the Railways to provide medical relief to passengers who take ill, such assistance is invariably rendered in practice as a matter of courtesy to a customer.

(2) Charges for medical aid to passengers afflicted with sudden illness or injury (other than as a result of a railway accident in which case it is the duty of the Railway administration to provide free medical attendance and treatment facilities) are levied on the principle that the relationship between a bona fide passenger and a Railway doctor must be that of a private patient and his medical attendant. A Railway doctor attending such a passenger may be allowed to recover consultation fee at the following rates:-

Consultation fee of Rs.20/- irrespective of the grade of the attending Medical Officer; This fee is retained in full by the attending doctor:

(Rly Bd.'s No 82/H/6-1/22 dt. 30/03/89)

(3) As regards the charges for medicines, injections, etc., the same may be recovered at the following rates and the amount so recovered will be credited, in full, to the Railway revenue:-

- (i) Re.1 per tablet or dose of mixture.
- (ii) Maximum retail price as mentioned on the strip per dose of higher antibiotic.
- (iii) Rs.5 per sterile dressing of wounds.
- (iv) Rs.10 per injection (which includes the cost of the common items eg. the injecting materials).

(Bd's No.99/H/6-5/1 dated 27/08/1999)

(4) In the case of indigent passengers, where it is not possible to recover the cost of medicines etc., these may be issued free on the certificate of indigence from the doctor. The expenditure, if any, incurred in connection with the hospitalisation of such cases, may be treated as a part of ordinary expenses of working the Railway hospitals.

Note: If and when a Railway doctor is not available for attending on a passenger or trespasser taking ill while travelling or on railway premises, the services of a non-Railway doctor may be obtained with the full knowledge and consent of the parties concerned that the patient or somebody on his behalf will pay to the doctor direct. For this purpose, a list of non-Railway doctors of the neighborhood should be maintained by Station Superintendents as detailed in Para 707 of chapter VII of this manual.

(Note (1) below item 51 of Appendix VII-GII and Ministry of Railway's letters No.65/H/7/44, dated 17th October, 1966, No.68/H/I/17, dated 14th January 1969 and No.70/H/13/32, dated 7th May 1971).

629. Persons transferred to Railways from other services: A Government employee transferred either temporarily or permanently to a post under the Ministry of Railways, shall be entitled to medical attendance and treatment facilities in accordance with the rules as detailed in Section C&D of this Chapter.

(Rule 611-R.I.)

630. Immunisation facilities to non-entitled persons: Prophylactic immunisations, to guard against the spread of communicable diseases in an epidemic form, particularly in the case of large projects, may be extended, free of charge, to casual labour, contractors' labour and even to those persons who are otherwise not eligible normally, like the local shopkeepers, etc. who, in their unprotected state, may be a source of danger to the Railway community in general.

(Ministry of Railways' letter No.65/H/7/120, dated 13th July 1965).

631. Persons arrested under the Railway (Unlawful Possession) Act, 1966: Persons arrested under the Railway Property (Unlawful Possession) Act, 1966, and requiring medical attendance and treatment during the period of detention under the Railway Protection Force may be offered the same in the following cases -

- (i) where civil medical facilities are not available within easy reach.
- (ii) where the denial of these facilities could be dangerous or injurious to the life of such persons, or
- (iii) when such cases are specially referred to Railway doctor by the officials of the Railway Protection Force(for example, Assistant Sub-Inspectors, Sub-Inspectors and Inspectors).

(Ministry of Railways' letter No.68/Security/Spl./70/4, dated 15th March 1969.)

632. Persons governed by all India Services (Medical Attendance) Rules 1954:- Persons governed by the All India Services (Medical Attendance) Rules 1954 have been made eligible for obtaining medical attendance and treatment in Railway hospitals. The terms and conditions will be as shown in sub section (22) of Section B of this chapter.

Section C - Scope of Medical Attendance and Treatment

Sub-Section(1) - General

633. Medical attendance and treatment :-The Railway “beneficiaries” are entitled, free of charge, to medical attendance and treatment-

(a) in such Railway hospital, health unit or consulting room maintained by the Authorised Medical Officer, at or near the place where the patient falls ill, as can, in the opinion of the Authorised Medical Officer, provide the necessary and suitable facilities; or

(b) if there is no such hospital, health unit or consulting room as referred to in clause (a) above, in such Government hospital, health centre or dispensary at or near that place, as can, in the opinion of the Authorised Medical Officer, provide the necessary and suitable facilities; or

(c) if there is no such hospital, health centre or dispensary as referred to in clause (a) and (b) above, any other hospital with which arrangements have been made for the treatment of the Railway employees at as near that place as can, in the opinion of the Authorised Medical Officer provide the necessary and suitable medical facilities.

Note:-(i) Allotment of hospital accommodation in the Railway hospitals depends on the condition and seriousness of the disease, and not on the status of the patient. However, in some Government/recognised hospitals, accommodation in special wards is provided according to the status of the patient. In so far as the Railway employees are concerned, those drawing a basic pay of Rs.4875/- and above p.m. would be considered to be eligible for 'special' wards.

(ii) Family members may avail of medical facilities from a medical institution referred to in sub-para(b) and (c) above without the intermediary of the Authorised Medical Officer.

(Rule 609 R.I and MOR’s letters No.67/H/1/58 dt. 23/05/1968, No.71/H/1-1/6 dt. 09/10/1971, and No. 79/H/6-1/5 dt. 03/02/1980)

634. Attendance at residence:-(1) Attendance at residence is restricted to:-

(a) a gazetted Railway employee when he falls sick. No charges are to be levied in such cases.

(b) a non-gazetted Railway employee, when he falls sick and is as a result, compelled to be confined to his residence. No charges are to be levied in such cases.

(c) a member of a gazetted/non-gazetted Railway employee's family or dependent relative, when visited by the Authorised Medical Officer. In all such cases, however, the employee concerned should pay the visiting fee, as per schedule.

Note:- Railway employees, it is expected, will not call doctors to their residence for trivial ailments and thus waste the doctor’s time.

(2) For visits at residence of Railway employees drawing Rs. 3725/- and above per month for attendance on their family members and dependent relatives, emergent or otherwise, the Railway doctors are entitled to receive fees. The payment of fees in such cases may be regulated by the visit.

Gazetted Railway employee and non gazetted Railway employee drawing a pay of Rs 4875/- or more per month		Non gazetted employee drawing a pay of less than Rs.4875/- but not less than Rs.3725/ per month
Sr.Divl.Medical Officer	Rs 20/-	Rs 12/-
Divl.Medical Officer	Rs 16/-	Rs 10/-
Asst.Divl.Medical Officer	Rs 12/-	Rs 6/-

Note: (i) No fee should be charged from any employee drawing less than Rs 3725/- per month.

(Bd.'s No 82/H/6-1/22 dt. 23/05/87)

(ii) When there is more than one member of a Railway employee's family or dependent relative to be examined at the residence, visiting fees may be charged for each member separately.

(iii) When a Railway Medical Officer is called upon to render medical assistance to a Railway “beneficiary” at an out station, he may be granted travelling allowance as on tour while the medical service rendered is free. When, however, the doctor is entitled to charge fees as provided above, he may claim travelling allowance only if he deposits the fees received into the Railway revenue. While preferring

claims for the travelling allowance in such cases, the doctor should indicate the amount of fees received by him and give a certificate on the bill that the fees received by him has already been credited to the Railway revenue.

(iv) No extra fee for conveyance is to be charged.

(Rule 605 R.I 1995 reprint MOR's letters No. 62/H/1/20 dt. 06/05/1964 and No.65/H/&/44 dt. 17/10/1966)

635. Special Provision regarding female and child beneficiaries:

At places where there are no Railway hospitals or Government hospitals, female beneficiaries and children of Railway employees up to 12 years of age, may directly obtain medical attention and treatment, without the intermediary of the Authorised Medical Officer.

(Rule 606-R.I and MOR's decision No.1 thereunder ,and M.O.R's letters No.64/h/154 dt. 11/12/1964,. No. 66/H/11/9 dt. 20/03/1967, No.76/H/11/ dt. 17/04/1970 and No.80/H/6-4/15 dt. 21/08/1980)

636. Supply of artificial limbs and appliances:-

(1) A Railway 'beneficiary' (injured on duty or not), requiring artificial limbs and appliances, would be entitled to reimbursement of both hospitalization charges and the full cost of artificial limbs and appliances, as recommended by the Orthopedician, as also the cost of repairs, renewals and adjustments thereof from time to time, subject to the following conditions:

(i) Production of certificate from a specialist in the concerned speciality in the Railway hospital that the purchase, repairs and renewals or adjustments are essential.

(ii) Purchase, repairs, renewals or adjustments being done at the rehabilitation department of a Medical College, artificial limb centre, Pune or such other organisations and centres recognised for the purpose by the Central/State Governments concerned.

(iii) The cost of the repairs or adjustments of the limb/appliance should not exceed the cost of the replacement of the limb/appliance.

Note:- The above para does not apply to the supply or replacement of heart pacemakers and heart valves for which para 666 may be referred to.

(MOR's letter No.80/H/6-4/33 dt. 05/12/1980 and 05/02/81)

(2) Supply of Breast Implant/Prosthesis in cases where patients undergo Mastectomy would be as under:-

(i) Patients willing to undertake permanent Breast implantation may undergo such implantation at Zonal level Railway Hospital. Implants may be arranged by the Zonal Hospital, itself.

(ii) Patients opting for external prosthesis may submit the reimbursement claim upto an upper limit of Rs. 5,000/-. Replacement will be allowed once in 5 (five) years only. Each such case should be thoroughly scrutinized and examined by a suitable lady doctor of the Railway Hospital.

(Authority Board's letter No. No.2005/H/2313 dated:5-8-2005)

..

637. Provision of dental treatment: (1) Free treatment may be given to all Railway "beneficiaries" in regard to the following ailments in all Railway dental clinics and at all places where Railway dental attention facilities have been provided:-

- (i) Extraction,
- (ii) Scaling and gum treatment,
- (iii) Root canal treatment, and
- (iv) Filling of teeth.

(2) In addition, free dental treatment of a major kind is also admissible in cases where it is considered as a part of any general or constitutional ailment, that the teeth are the source of disturbance. Treatment of such conditions may include treatment of any condition involving the jaw bones, operation

of gums for the extraction of growths, surgical operation needed for the removal of odontomes and impacted wisdom teeth.

Note: The supply of artificial dentures is excluded from the scope of dental treatment.

(Para 608 R.I 1995 reprint and MOR's letters No.E57me5/85/Medicaldt. 9/10/03/1961, and No.62/H/7/31 dt. 30/04/1962)

638. Donation of blood: (1) For donating blood to blood banks attached to Railway hospitals or other Govt. hospitals, or for donating blood on being called upon in emergencies etc., the Railway employee will not be required to obtain any prior permission of the Government.

(2) When a Railway employee or a member of his family or an outsider donates blood to the blood bank attached to the Railway hospital, every effort should be made to encourage them. The Railway may consider issue of cards to voluntary blood donors with the offer of free replacement if the donor needs blood transfusion for self or his family within a period of 12 months.

(Rly Bd.'s letters No. 84/H/6-1 dt. 040685 and No.90/H/8/3 dt. 15/03/91)

(3) Railway employee who donates blood to a Railway hospital on a working day, may be granted special casual leave for that day. This special casual leave will be granted even if the donor is returned back without donating blood on medical grounds.

(4) A Railway employee who comes from an out station to donate blood to a Railway hospital, may be granted complimentary pass of the same class, as admissible to him under the normal rules, to cover the journey. He may also be allowed a minimum of journey time apart from the one day special casual leave for rest.

(5) As blood is considered to be a therapeutic substance used in treatment of patients, any expenditure incurred by the Railway hospitals for obtaining blood for their blood banks shall be debited to the Railway revenue and allocated under the head "Medicines."

Note: As far as possible, Railway employees should be encouraged to donate blood voluntarily and not with any mercenary motive.

(MOR's letter No.65/H/7/248 dt. 05/02/1966)

Sub-Section(2)- Instructions regarding Diet

639. Diet to be provided in Railway hospitals: Railway administration should, as a rule, provide cooked food to all the in-patients in Railway hospitals.

640. Scale- (1) The scale of diet to be served in Railway hospitals should be drawn up by the Railway administration with a view to suit the local conditions and basic caloric requirements of the patients.

(2) The scale of diet provided in Railway hospitals should be published in the Weekly Gazette once a year for general information.

641. Charges: Diet supplied to patients in Railway hospitals will be charged as per the following schedule:-

Charges are to be fixed by the various Zonal Railways for the hospitals under their control.

Categories:

(A) Railway employees:-

Charges per day

1. Railway Employee

(a) Whose basic pay does not exceed Rs.4000/- p. m.
in case of group'D' categories

.... Free

(b) All Railway employees in group 'C' whose basic pay is
Rs 4200/- or below per month

.... 75 % of the charges as
fixed by the Railways

2. Railway employees whose pay is above Rs 4201/- & above
per month

.... Full Charges as fixed
by the Railways.

- | | |
|---|---|
| 3. Railway employees injured in the course of duty
(not exceeding beyond one year after they are declared permanently unfit and discharged from service). | Free |
| 4. Retired railway employees governed by the RELHS-97 | Same as for serving employees
(see note x below) |
| a. Private servants and outsiders etc. | Full charges as fixed by
the Railways.(see note(ix) below) |
| 5. (i) Railway employees whose pay is below
Rs.6200/- per month when receiving treatment for T.B., Leprosy
or mental diseases in a Railway or approved institution. | Free |
| (ii) Railway employees whose pay is Rs. 4200/-or below
per month when receiving treatment for cancer in Railway hospital. | Free |
| (iii) Railway employees whose basic pay is Rs 6200/- p.m. and above
when receiving treatment for TB/Leprosy or mental diseases
in a Railway or approved institution and whose pay is above
Rs 4200/- p.m. when receiving treatment for cancer. | Actual cost to be recovered |

(B) Family members and dependent relatives :-

- | | |
|--|---|
| (a) Family members receiving treatment for T.B.,
leprosy or mental diseases and dependent
relatives of railway employees receiving treatment
for TB or leprosy in a Railway or approved
institution, when the pay of the Railway employee
concerned is below 6200/- per month | Free |
| (b) Family members and dependent relatives of
employee whose pay is Rs.4200/- or below per month
while receiving treatment for cancer in Railway hospital | Free |
| (c) Family members/dependents of Retired employees governed
by RELHS-97 |same as for family members/
dependants of serving employees |
| (d) Family members and dependent relatives not
covered by (a) , (b) or (c) above | Full charges as fixed by
the Railways |

(Bd.'s No 86/H/6-1/39 dt. 22/03/90, No.86/H/6-1/39 dt. 16/07/92and [98/H/6-1/29 dt. 25/06/99](#))

Note:- (i) The charges for the supply of special articles of food not ordinarily provided by the Railway hospitals to its in-patients shall be billed for separately.

(ii) General Managers have powers to sanction free diet to Railway employees injured in the course of duty for such period as they remain indoor patients not extending beyond one year after they are declared permanently unfit and discharged from service. This provision applies to all Railway employees gazetted or non-gazetted, irrespective of pay limits.

(iii) Free diet is admissible to casual labour while undergoing treatment in a Railway hospital in connection with accident cases falling under the Workmen's Compensation Act and other cases referred to in sub section (15) of section B of this chapter.

(iv) Indigent passengers and trespassers injured or taken ill and removed to a Railway hospital may be given diet at the expense of the Railway, the expenditure being treated as part of the ordinary working expenses of the Railway hospital.

(v) The charges for diet, when supplied by non-Railway Government/recognised hospitals to Railway employees, when not indicated separately in the tariff should, for reimbursement purposes, be reckoned to be 20 per cent of the flat rate charged.

(vi) Pay limits given at (A) and (B) above refer to "basic pay" and are exclusive of "dearness pay".

(vii) Diet provided by the hospitals is intended for patients only. In exceptional cases, when diet may have to be provided to patients' attendants (companions) who, of necessity, had to stay in hospital having come from outside and long distances or in serious cases, should be charged for to cover full costs and all overheads and the charges should be high enough to be a disincentive.

(viii) Any patient from whom charges are to be levied for diet and who takes diet from the hospital, may be charged for the full day, if he/she has been admitted before 12.00 hours in any particular day and only half diet charges if he/she has been admitted after 12.00 hours.

(ix) Diet charges for outsiders undergoing treatment in railway hospitals will be actual diet charges fixed by railways and 50% as handling and service charges as additional charge.

(86/H/6-1/39 dt. 14/05/1990)

(x) For the purposes of calculation of diet charges the amount deposited by the Retiree at the time of joining RELHS is taken as his/her pay.

In case of railway employees who have retired prior to 1-1-96 and have already joined RELHS by paying the last basic pay at the time of retirement, their eligibility for free and chargeable diet will be governed by the earlier instructions in regard to different pay slabs contained in Bd's Letters No.86/H/6-1/39 dated 26/03/90 and 14/05/90 i.e Rs.1150/- Rs 1350/- and Rs 2000/- in place of Rs 4000/, Rs 4200/ and Rs 6200/- respectively.

642. Review of diet charges: It is essential that the Railways should periodically revise the rates of recovery against diet charges in consultation with their F.A. & C.A.O s, in respect of such of the patients as are not supplied free diet. The rates are to be fixed on the principle of 'no-profit-no-loss'. **The charges should be calculated on the basis of the local market price of various food items supplied by the Railways in their hospitals such as milk, vegetables, rice, pulses, egg etc.,. In addition, all the Railways may also include 20% of the total cost so calculated for basic inputs, to meet the cost of overheads and fix diet charges accordingly.** The rates thus fixed must be reviewed every three years. **For this purpose Railways may nominate Diet Review Committee of 5-6 members belonging to Medical department such as CMS, Sr.DMO, etc., and one member from finance, one from personnel department, and one or two from local recognised unions.** **Revision of diet charges should be made on the basis of recommendation of such a review committee.** Action for review should be initiated one year in advance on the basis of actual for the last two years so that the revised charges are made effective immediately after three years. The revised rates will apply prospectively..A copy of the memorandum of revised diet charges should be sent to Board by the Railways.

(Bd's Letter No 98/H/6-1/29 dt 11-3-03)

643. Option for hospital diet: To avoid any chances of complaint, a patient who is not entitled to free diet under the rules should be asked to give in writing whether he prefers to have his own diet or wants to get hospital diet on payment as prescribed. Patients who have exercised their option for hospital diet, to start with, will not ordinarily be allowed to change over to own diet during their stay in the hospital and vice versa.

(Item (51) of Appendix VII-G-III, Sec III of Chapter XIV of IREM and MOR 's letter No.MH 59 ME 5/ 418/Medical, dt. 04/11/1960. No.60/MH/5/12 dt. 16/02/1961, No.61 M&H/1/32 dt..04/09/1961, No.69/H/1/45 dt..02/01/1970,No.PC.68/ DA-1/4 dt..06/06/1970, No.72/H/6-3/12 dt..16/08/1972, No.72/H/6-3/14 dt..15/01/1973, No.72/H/6-3/12 dt..10/05/1973,No. 75/H/6-1/9 dt..23/10/1975 No.75/H/6-1/9 dt..16/07/1977, No.79/H/6-3/3 dt..07/07/1979 and No.79/H/6-3/14 dt. 25/11/1979).

Sub-Section(3)- Instructions regarding Nursing

644. Nursing in Railway hospitals:(1) In Railway hospitals, all in-patients should be provided with ordinary and routine nursing to the extent possible.

(2) Engagement of special nurses should be considered on merits. The attending medical Officer should recommend the employment of special Nurses only where their services are absolutely essential and that too for the minimum period necessary.

(Rules 603(5)(v) and 632-R.I. and Ministry of Railways letter No.MH60ME1/4/Medical dated 10th March 1961).

645. Nursing in Non-Railway hospitals:-(1) For ordinary nursing provided in a Government recognised hospital, the charges are normally included in the hospital bills and are not separately recovered from the patient. If, however, these charges are recovered separately, they are reimbursable.

(2) Where special nursing is required, the certificate of the Medical Officer in charge of the hospital should be obtained before hand. The necessary recommendation should be made in the form of certificate as given in part B of Certificate B of Annexure III to this Chapter. As for the reimbursement of charges in such cases, the Railway employees should bear the cost up to 25 % of his/her pay for the period for which special nursing was engaged, the rest being borne by the Railway administration. This does not, however, apply in the case of a Railway employee who is injured on duty.

646. Railway employees injured on duty: (1) A Railway employee injured on duty would, in addition to the treatment ordinarily admissible to others, be entitled free of cost, to such special nursing as the Authorised Medical Officer may certify in writing to be essential for the recovery of or for the prevention of serious deterioration in the condition of the Railway employee.

Note:-The above concession will also be admissible to a Railway employee on duty who receives injuries in connection with civil disturbances.

(2) For this purpose, a Railway employee in a disturbed area shall be considered as being continuously on duty and any injuries received by him as a result of those disturbances shall be held to have been received in the course of such duty unless the facts of the case give a clear indication to the contrary. This also applies to a Railway employee on leave in a disturbed area, in whose case it should be assumed, unless the facts of the case give a clear indication to the contrary, that he was attacked and injured because of his being a Railway employee.

Sub-Section (4) - Reimbursement

647. Reimbursement allowed if medical attendance was availed at the instance of the Authorised Medical Officer:-(1) A Railway employee obtaining medical attendance and/or treatment for himself or a member of his family or dependent relatives should, under the provisions of para 633 consult his authorised medical officer first and proceed in accordance with his advice. In case of his failure to do so, his claim for reimbursement will not be entertained except as provided hereinafter. All claims for reimbursement should be scrutinised with a view to see that the Authorised Medical Officer, or another Medical Officer who is either of equivalent rank or immediately junior in rank to his Authorised Medical Officer and attached to the same hospital/health unit as the Authorised Medical Officer, was consulted in the first instance.

Note: When a patient is referred to any Govt./recognised hospital by Authorised Medical Officer the referral covers treatment /investigations in that specific hospital only. If in the course of treatment in that hospital some investigations are required to be done at a place other than that hospital such referral should also be routed through the Authorised Medical Officer except those cases who are taking indoor treatment in that hospital. Only those cases, (particularly those taking treatment as OPD patients in the referral hospitals), where it has been specifically certified by the Authorised Medical Officer that reference was done with his approval, will be considered for reimbursement.

([Bd.'s Letter No92/H/6-4/121 dt. 10/03/93](#))

(2) Consent of the Authorised Medical Officer is not necessary in the case of family members and dependent relatives when they go to one of the recognised hospitals. In such cases, the counter-signature on the bills or of the receipts (where the bill system is not in vogue and receipts are issued for payments), by the Superintendent or other head of the hospital will be regarded as sufficient.

(Rules 604 and 618-R.I. and MOR's letters No.67/H/1/11 dated 4th March 1968 and No.71/H/1-1/6 dated 9th November 1971).

648. Treatment in an emergency: 1) Where, in an emergency, a Railway employee or his dependant has to go for treatment (including confinement) to a Government hospital or a recognised

hospital or a dispensary run by a philanthropic organisation, without prior consultation with the Authorised Medical Officer, reimbursement of the expenses incurred, to the extent otherwise admissible, will be permitted as detailed below. In such a case, before reimbursement is admitted, it will be necessary to obtain, in addition to other documents prescribed, a certificate in the prescribed form as given in part C of certificate B of Annexure III to this Chapter from the Medical Superintendent of the hospital to the effect that the facilities provided were the minimum which were essential for the patient's treatment. In such cases, the General Managers are delegated with -

- a) full powers for reimbursement of medical expenses for treatment taken in Govt. Hospitals and
- b) upto a limit of Rs.1,00,000/- (Rupees one lakh) in each case where treatment is taken in Recognised Hospitals (strictly for the diseases for which such Hospitals has been recognised) and dispensaries run by philanthropic organisations without proper referral by Authorised Medical Officer (AMO) in emergent circumstances. All cases above Rupees one lakh would be referred to Railway Board along with the Proforma as given in Annexure VI to this chapter duly filled in all the columns.

2) In case, where the treatment had to be taken in private/non-recognised hospitals in emergent circumstances, without being referred by the Authorised Medical Officer, the General Managers are empowered to settle reimbursement claims up to Rs.50,000/- per case. It should be ensured that treatment taken in private hospitals by Railway men is reimbursed only in emergent cases and for the shortest and unavoidable spell of time. All claims above Rs 50,000/- should be referred to the Railway Board. along with the duly filled in proforma given in Annexure VI to this chapter.

Note: (ii) However if treatment is neither available at Railway Hospital nor at recognised hospitals, Zonal Railways may refer the emergent cases to Private non recognised hospitals involving the cost of treatment up to RS 50,000/- (Rupees fifty thousand only) in each case and also to release advance payment thereof, if any, directly to such hospitals

(Bd's No 2000/H/6-4/Policy dt 15-1-04)

3) Divisional Railway Managers are also empowered to settle the claims with the concurrence of their associate finance for reimbursement of medical expenses in respect of treatment taken in emergency in Government or Recognised Hospitals (except in the case of Private Hospitals where the existing procedure of taking personal approval of GM/AGM should continue) upto Rs.10,000/- (Rupees ten thousand only) per case and with a ceiling limit of Rs.50,000/- (Rupees fifty thousand only) per year only.

Note: i) These powers, as mentioned in sub paras 1) and 2) above, will not be delegated further to any lower authorities and will be exercised by the GM/AGM personally, duly scrutinised by CMD (CMS in the case of production units) and concurred by FA&CAO.

ii) The powers of (1) (b) above do apply for the specified diseases only for which recognition to a Private Hospital has been granted and not for treatment of other diseases. Referral of a patient to such recognised hospital for treatment other than the specified diseases in special circumstances and reimbursement thereof would continue to be referred to Railway Board.

(Note 1&2 under Rule 617-R.I 1995 reprint and MOR's letters Nos.67/H/1/26, dated 25th January 1968 and 1st June 1968, No 91/H/6-4/4 dt. 21/02/1992, No.80/H/6-4/49 dated 24th April. No.91/H/6-4/26(pt) dt. 20/11/1995, dt. 28/05/96, No91/H/6-4/4, dt. 21/02/92 , 05/12/97 , No.91/H/6-4/26 (Pt) dt 10/09/1999 and No 2000/H/6-4/Policy dt 6-3-2003).

649. Families accompanying Railway employees proceeding on tour:(1) The medical expenses incurred on the treatment of a member of a Railway employee's family accompanying him on tour can be reimbursed, on the same scale and conditions on which they can be reimbursed to the Railway employee himself, if illness occurs during that period and treatment is taken in a Railway or Government hospital.

(2) The above concession is not admissible in a case where a Railway employee, while proceeding on tour, takes a member of his family along with him with the intention of obtaining treatment in a place other than at his headquarters.

(MOR's decision below Rule 618-R.I 1995 reprint .)

650. Treatment at the residence: (1) Where, owing to the absence or remoteness of a suitable hospital (Railway or otherwise) or owing to the severity of the illness or other causes considered adequate by the Authorised Medical Officer, a Railway employee receives treatment at his residence, the expenses

incurred by the Railway employee for such items and services as would have been admissible to the patient otherwise would be reimbursable.

(2) The above claims should be accompanied by a certificate in writing by the Authorised Medical Officer stating reasons for his opinion as referred to above and indicating the cost of treatment admissible to the patient otherwise. Such cost should take into account the charges for medicines and dressings, as also amount of fees, if any, paid to the Authorised Medical Officer.

(Rule 619 R.I 1995 reprint and Note below)

651. Payment of charges: Payment to Government/recognised hospitals on account of hospital charges should, in the first instance, be made by the Railway employee concerned to the hospital authorities and the refund thereof claimed from Railway administration later.

Note :The State Government, where agreeable, should debit the Railway administration concerned by preferring bills for those items for which reimbursement is permissible. To facilitate payment to such of the Government/recognised hospitals which press for advance deposit of money for the treatment of cases referred to them, the CMS/MS in charge of the division concerned may be allowed an imprest. The holder of the imprest should submit a report for the amount spent. Further, the General Managers may sanction advance payment up to the reimbursable portion of the anticipated cost of the treatment or up to Rs.1 Lakh, whichever is less on recommendations of the C.M.D and the concurrence of the F.A.&C.A.O towards the treatment of Railway 'beneficiary' in Govt. Hospital/recognised hospitals where they are officially referred by the authorised Medical Officer. However efforts should be made for payments through bill system or in installments agreeable to the concerned hospital authorities through negotiation. In order to meet some urgent requirements to save the life of the patients, DRMs of the divisions can also sanction such advance payment subject to limitations stipulated above with the concurrence of the Divisional finance and on recommendations of the CMS/ MS of the divisional hospital. However, post facto approval of the G.M in such exceptional cases must be obtained to regularise the same.

(Ministry of Railway's letters No. 92/H/4/8 dt. 18/09/1992 , 92/H/4/8 dt. 28/08/1996 and Note (1) Below Rule 608(2) and 616-R.I./and MOR's letter No.E56ME1/34/Medical, dated 6th September 1961).

652. Claims to be preferred within six months: All claims for reimbursement of medical charges should invariably be preferred within six months from the date of completion of treatment as shown in the essentiality certificate of the Authorised Medical Officer/Medical Officer concerned.. A claim for reimbursement of medical charges not countersigned and not preferred within six months of the date of completion of treatment, should be subjected to investigation by the Accounts Officer and, where a special sanction is accorded on an application from the Railway employee for reimbursement of any charges in relaxation of the rules, that sanction will be deemed to be operative from the date of its issue and the period of six months for preferment of claim will count from that date.

(Note 2 below Rule 621- R.I. 1995 reprint)

653. Forms for preferring claims: A Railway employee claiming refund for the expenses incurred by him on account of medical attendance and treatment in a Government/recognised hospital should prefer his claim in the prescribed forms as given in Annexure III & IV to this Chapter, accompanied by the necessary documents as indicated in those forms.

654. " Rounding off" of claims: Like other payments, such as pay and allowance, the payment on account of medical expenses should also be rounded off to the nearest rupee.

655. Scrutiny of claims: All claims for reimbursement should first be carefully scrutinised by the competent authorities, who, in consultation with the Authorised Medical Officer, where necessary, will disallow any claims or items, which do not satisfy the rules and orders on the subject. Thereafter, as and when the bills are received by the department concerned, they should be disposed of without delay.

656. Rate and schedule of charges: (1) The rates and schedule of charges of the Government/ recognised hospitals concerned may be obtained from the respective State Government/Recognised hospital.

(2)In the case of Government/recognised hospitals, the tariff of which does not indicate the accommodation and diet charges separately, 20 per cent of the flat rate should be reckoned as diet charges.

657. Expenses incurred as outdoor patient: Reimbursement of medical expenses incurred as an 'outdoor' patient in a Railway hospital/health unit or at a Government and other recognised institution is permitted .

658. Items and services not covered by the definition of the term "treatment:. – Expenditure incurred by a Railway “beneficiary” on items and services not covered by the definition "treatment" will not be reimbursable.

659. Reimbursement of cost of medicines which are neither ordinarily stocked nor available in Railway medical institutions, but are purchased from the market:(1) With a view to minimising the claims for refund of the cost of items which are inadmissible, the Medical Officers who are concerned with the medical attendance and treatment of patients, should bear in mind that essentiality certificates should not be issued in respect of items which are not medicines but which are primarily foods, tonics, toilet preparations, disinfectants or appliances etc. A decision should depend on whether the drug element is small in comparison with the food content of the preparation prescribed. Further a proprietary preparation should not be prescribed if a non proprietary medicine of similar therapeutic effect is available. Necessary guidance in this regard should be taken from the Indian Railway Pharmacopoeia with respect to admissibility of drugs/medicines for the reimbursement and which has been certified to be of therapeutic value and essential for the recovery /prevention of serious deterioration in the condition of the patient. The cost of disposable sundries shall be treated as reimbursable. The disposable sundries include gauges, bandages, adhesive plasters, I.V sets, syringes, catheters, Ryle’s tubes and other disposable used in surgical and other operations.

([Bd.'s No 91/H/6-4/39 dt. 26/12/91/30/01/92](#), and 30/10/96)

(2) The charges for the cost of medicines which are refundable will be allowed only if the claim for refund thereof is accompanied by the cash memo and an essentiality certificate duly countersigned by the Authorised Medical Officer in the prescribed proforma as given in Annexure V to this Chapter. Every cash memo must be countersigned by the doctor prescribing the medicines and the essentiality certificate must contain the names of all the medicines prescribed and the amount incurred on the purchase of each medicine, whether or not the original prescriptions have been submitted.

Note: The underlying idea in asking for the essentiality certificate and the cash memos etc., is to make sure that the medicines were actually considered essential by the Authorised Medical Officer and that they were purchased and consumed by the patient as directed.

(3) Any sales tax paid on these medicines will also be reimbursable.

(4) The charges for packing and postage, if any, incurred will not be refundable.

(5) Ordinarily, expenses on account of the cost of medicines intended for injections prescribed at the consulting room of the Authorised Medical Officer but administered at the residence of the patient, who is a member of the family or dependent relative of a Railway employee, will not be refundable. In serious cases, however, the reimbursement is regulated vide Sub-paragraph (2) above.

(6) The State Government, where agreeable, should debit the Railway administration concerned by preferring bills or by raising debits in respect of the cost of medicines, vaccines, sera etc. not ordinarily available in hospitals, which are certified in writing to be essential for the recovery or prevention of serious deterioration in the condition of a Railway “beneficiary”, who is admitted in a non-Railway Government hospital for treatment at the instance of the Authorised Medical Officer. If the State Government concerned are not agreeable to such an arrangement, reimbursement to the Railway employee concerned would be permissible as per rules.

(MOR's decisions No.1,2 and 3 below Rule 603-R.I. and No.92/H/6-1/41 dt. 15/01/1993).

660. Items and services rendered in connection with medical attendance and treatment:

Charges for items and services rendered in connection with (but not included in) medical attendance and treatment of a patient entitled to Railway medical attendance and treatment facilities shall be determined by the Authorised Medical Officer and paid by the patient.

(Rule 626-R.I 1995 reprint.)

661. Reimbursement of medical expense incurred abroad: The following guide-lines should be adopted in dealing with cases relating to requests for medical treatment abroad and matters relating thereto.

(i) As a rule, reimbursement of cost of medical treatment incurred abroad should not be allowed.

(ii) In exceptional cases, necessitating treatment of a kind yet to be widely established in the country, where railway employees, on medical advice, choose to go on their own, reimbursement could be authorised by the Ministry of Railways, but should be limited to the expenditure that would have been incurred had such treatment been received in India in a Govt. Hospital or a recognised hospital. However, the question of reimbursement of air passage in such cases shall not arise at all.

(iii) Foreign exchange may be released to Railway employee for the purpose of treatment abroad to the same extent as is permissible to private citizen.

(iv) The facilities for specialist treatment, as available in Railway hospital or other Govt./recognised hospitals, should be availed of by the Railway employees.

(v) To consider cases treatment of which is not available in India a medical Board should be constituted at the Zonal Railway by the C.M.D. The Board should make specific recommendations and also give reasons for recommending treatment abroad. It should also certify that the treatment is not available in India. The certificate should be endorsed by the C.M.D & General Manager and sent to the Ministry of Railways for approval..

[\(Rly Bd.'s No 83/H/6-4/19 dt. 22/09/83\)](#)

662. Reimbursement for in-vitro fertilisation for treatment of sterility: The method of conception by In-vitro fertilisation (IVF) and Intra-Uterine Insemination (IUI) techniques shall be subsidised by allowing reimbursement to a ceiling limit of 25% of the expenses incurred per cycle and limited up to a maximum number of three cycles. This subsidy will be available only to those employees whose cases have been referred to any hospital (including private hospitals and nursing homes) where such facilities are available, on the specific recommendations of the Medical Board, with the expert doctors as members, nominated by the Chief Medical Director of Zonal Railways. The acceptance of the recommendations of such Medical Board by the Chief Medical Director will be mandatory before such reference to Railway Board.

[\(Bd.'s No 96/H/6-1/9 dt. 08/08/96](#) and [No. 2000/H/6-3/1 dt 21/11/2000\)](#)

663. Reimbursement of expenses on CAT Scan : (i) Powers have been delegated to G.M/C.M.D to settle claim of the railway employees up to Rs 10000/- for C.T Scan carried out without prior permission of C.M.D in a Govt. Hospital and even in a private institution without the prior permission of the Authorised Medical Officer in case the same had to be got done by the patient in emergency by according their post facto sanction

(ii) MD/CMS/MS of Central hospital/Divl. Hospital/work shop hospital/Production unit is empowered to sanction/reimburse up to a maximum of Rs 10000/- for CAT scan done in Govt./recognised hospital or in any Hospital in case the requisite facilities are not available in nearby Govt./Recognised hospitals. This power will be exercised by the MD/CMS/MS in consultation with two senior doctors(one from surgical and one from medical specialty) and the proceedings of the opinion, justification and sanction recorded in the bed head ticket of the patient before the test is recommended.

(Railway Bd.'s [No. 97/H/6-4 dated 09/05/97](#) ,[No96/H/6-I/32 dt.5/3/1998](#) and [No 91/H/6-4/26 Pt dt. Nil-03-98](#) ,No 91/H/6-4/26 Pt III dt.. 16/12/98 and No. [99/H/6-4/Policy Dt. 20/09/2000](#))

664. Reimbursement of expenses on M.R.I: Sanction up to Rs 10000/ to Railway employees for M.R.I investigation from Govt./recognised institution and from non-recognised institutions, in absence of such facilities in Govt./recognised institutions, will be given by the MD/CMS/MS of the Central Hospitals/Divl. Hospitals/Work shop hospitals/Production units. This power will be exercised by the MD/CMS/MS in consultation with two more senior doctors(one from surgical and one from medical specialty) and the proceedings of the opinion, justification and sanction recorded in the bed head ticket of the patient before the test is recommended.

(Bd.'s [No 96/H/6-1/32 dt. 08/08/1996](#), No [.91/H/6-4/26 Pt dt. nil-3-98](#), No.98/H/6-4/26 Pt III dt. 16/12/98 and No. [99/H/6-4/Policy Dt. 20/09/2000](#))

Note: G.M/C.M.Ds are competent to settle all claims of Railway employees for CT Scan/M.R.I up to the ceiling limit as laid down above by according their post facto approval..

[\(Bd.'s No. 96/H/6-1/21 dt. 05/03/98\)](#)

665. Reimbursement of expenses on purchase/replacement/repair/adjustment of artificial Electronic larynx: Reimbursement of the cost of the artificial electronic larynx should be made to

the Railway employees and their family members governed by the Railway Medical Attendance Rules on the recommendations of the DG(RHS). The payment would, however, be made by the administrative authority direct to the supplying agencies, and not to the Railway employee concerned .

(Bd.'s No 82/H /6-1/21 dated 11/10/1984)

666. Reimbursement of the cost of Heart Valves, Heart Pace Makers and Pulse Generators etc.:

(i) Supply of Heart valves, Heart Pace Makers and Pulse Generators as well as the replacement of Pulse Generators in the case of a Railway “beneficiary” will be made only on the recommendation of the Chief Medical Director, the administrative authority directly making the payment to the supplying agencies and not to the Railway employees concerned. The ceiling limit of the cost of VVI pace maker is Rs 60,000/-This payment may however be made to the beneficiary on production of valid documents and on the recommendations of the authorised Medical Officers(AMOs) in case the implantation has been done at Govt/Private hospitals, in emergent circumstances. The reimbursement would be liited to such amount which would have nbeen otherwise paid by the Railways Hospital for same device if procured by them

(ii) In case s where the cost of VVI pace maker exceeds the limit of 60, 000/- the same would continue to be referred to the Ministry of Railways duly certifying the reasonability of its cost by CMD/GMs of the concerned Railways /Production units ans concurred in by their FA&CAO for consideration and approval

(iii) Delegation of powers referred to above in para (i) above does not authorise the zonal Railways to allow reimbursement of part payment from the overall claim, and send the proposal to Bd’s office for reimbursment of balance amount.

(Bd’s No 2000//6-4 /Policty (pace maker) dt 21-2-3)

667. Hearing aids : Rs 2500/- or the cost of hearing aid, which ever is lower, can be reimbursed by the Chief Medical Directors. The administrative authority would make the payment involved direct to the supplying agency and not to the Railway employee concerned. Cases of hearing aids costing above Rs 2500/- should be referred to Board, duly concurred by FA&CAO, for consideration and approval.

(Bd.'s No 85/H/6-4/28 dt. 28/08/96)

668. Intra-ocular lens : The cost of intra-ocular lens implant surgery done in Government hospitals, when the facility is not available in Railway hospitals, will be reimbursed in full. When the I.O.L surgery is done in non-Railway recognised hospitals, the actual cost or Rs. 12000/- whichever is less, for each eye will be reimbursed. However stringent scrutiny shall be made by ophthalmologists and only complicated, high risk cases be referred with adequate justification be referred to non railway hospitals. Zonal Railways may deal with and settle the reimbsement claims fo rIOL lens implantation surgerydone in non railway/non recognised hopsitals , as per the new rates,on merit.

(A)Dental Treatment : Subject to conditions laid down in para 647 the cost of dental treatment will be re-imbursed at the following rates.

(i)	Extraction under L.A. (any tooth)	Rs. 75.00
(ii)	Extraction under L.A. of Molar tooth	Rs. 100.00
(iii)	Cement/Glass Inomer filling (per tooth)	Rs. 75.00
(iv)	Silver Amalgam/composite filling per tooth	Rs. 125.00
(v)	Root canal of Molar tooth	Rs. 600.00
(vi)	Root canal of a tooth (other than a molar)	Rs. 250.00
(vii)	Oral prophylaxis	Rs. 250.00
(viii)	Periodontal surgery(each quadrant)	Rs. 250.00
(ix)	Periodontal surgery (full mouth)	Rs.1000.00
(x)	Apicoectomy	Rs. 600.00
(xi)	Extraction of impacted tooth	Rs. 600.00
(xii)	Alveolectomy	Rs. 250.00
(xiii)	Fracture Mandible/Maxilla intermaxillary fixation	Rs.2500.00
(xiv)	Intra Oral periapical Dental X-ray	Rs. 50.00
(xv)	Occlusal X-ray	Rs. 100.00
(xvi)	Upper/lower full dentured (once in life time)	Rs.2000.00

(Bd’s No.2000/H-1/12/27 Part I dt 2-9-02)

(Ministry of Railway's letters No.76/H/6-4/10, dated 16th November 1976 and 22nd January 1977, No.77/H/6-1/31, dated 22nd March 1978, No.78/H/6-4/16, dated 12th December 1978 and No.76/H/6-4/10, dated 20th June 1979, No.85/H/6-4 dt. 28/08/1996 and No 92/H/6-1/41 dt. 15/01/1993, No.85/H/6-4/28 dt. 28/08/1996, No. [2000/H-1/12/27 Part I dt 2-9-02](#) and No. 2003/H/28/7 dt 9-5-03)

Section (D) - Other General Instructions regarding medical attendance and treatment

669. Duties of Railway doctors in urgent cases: Whenever a Railway employee calls upon a Railway Medical Officer for medical assistance either for himself or for any member of his family or dependent relatives, the doctor so called upon shall, if the case is represented as urgent, render such assistance as may be necessary without hesitation, leaving the question of his being the Authorised Medical Officer and fees etc. to be inquired into and settled afterwards.

(Rule 632- R.I. 1995 reprint)

670. Issue of Passes under medical advice:(1) Special Passes on medical grounds will be issued for journey from station nearest to the residence of a Railway servant where Railway medical facilities for treatment of the railway servant or his family members are not available to a station where railway dispensary or hospital or sanatorium with the required facilities for treatment is located. Passes will ordinarily be issued for the class of entitlement of the railway servant on privilege account. The grant of higher class passes and attendants on medical grounds shall be regulated as under:-

(2) If the Medical Officer considers that the patient should be accompanied by an attendant during travel for his journey to an outstation for treatment the inclusion of the attendant in the Railway pass shall be regulated as under:-

(a) One attendant may be allowed, on the recommendation of the Medical Officer in-charge of the hospital, health unit /polyclinic, if the patient is bed ridden and is unable to sit up.

b) If the patient is in big plaster, or physically handicapped or unconscious or paralysed or mentally retarded, where one attendant cannot lift the patient, two attendants in the same class may be provided on the express recommendation of the Medical Officer. In cases where the patient is in coma/shock/stupor due to any cause(irrespective of T.B/ Cancer) such as head injury etc., a higher class pass along with an attendant in the same class may be given, on the recommendation of the Medical Officer.

(i) Provided that, the facility of an attendant shall be available only when no other family member is accompanying the patient. Such passes where an attendant has been allowed should, therefore, be restricted to the patient and the attendant only.

(ii) Provided further that higher class passes shall be allowed only for outward journey while proceeding for treatment to an outstation. After the patient recovers, the return journey pass shall be issued for the class to which the patient is entitled. Where an attendant was allowed to accompany the patient, he shall be issued second class pass for the return journey.

(iii) In case, higher class pass to the Railway employee for his return journey has also been considered necessary specific recommendation of the C.M.D of the Railway in whose jurisdiction the hospital is located shall be necessary

(iv) Pass for the return journey of the entitled class or the higher class as the case may be shall be issued on the recommendation of the C.M.D of the Railway in whose jurisdiction the hospital is located. To facilitate the issue of passes by that Railway stamped endorsement authorising that Railway for issue of the medical passes may be made on the pass when it is issued for outside journey.

(v) In cases where a Railway servant falls seriously ill outside the Zonal Railways on which he is working and is referred to a hospital located on another station for specialised treatment by the Railway Medical officer, he may be given a special pass available from that place to the location of the hospital/dispensary to which he has been referred to and back to the same place. The concerned medical officer recommending the grant of the pass shall report the facts of the case to the controlling C.M.D of the employee indicating clearly reasons that necessitated the treatment at an out station in support of his recommendation for issue of a Special Pass.

(3) The Medical Officers recommending the issue of pass on medical grounds shall submit a monthly statement to the concerned C.M.D indicating the circumstances of each case and the reasons for recommending such passes. C.M.D should ensure that the recommendation of the Medical Officers for issue of Passes were in accordance with the guidelines of these orders.

(Ministry of Railway's letters No.1000/TG/3 dt. 07/11/1949, No.E/W/89/P.S 5-1 dt. 20/03/1990, No. E/(W)/82/PSS-1/15 dt. 05/01/1985 and No. E(W)2003PS5-1/9 dated 01/09/2003).

671. Use of ambulance cars by lady doctors in emergencies:(1) Lady doctor, when called to visit a patient, may be allowed the use of ambulance cars not only for going to the patient's house and also to bring her back to her residence/hospital, in the following circumstances :-

- (a) When she has to attend an emergency.
- (b) When the call for a house visit is received by her from a remote area.
- (c) When the call is received from an unknown quarter.
- (d) When the call is received at night.

(2) Validity of the points made for eligibility of use of the ambulance cars would be decided by the head of the hospital concerned.

(3) It is not necessary that on the visit, the lady doctor should bring the patient for admission if it is considered not necessary to admit the patient.

(4) No mileage allowance would be admissible to the lady doctor for such calls. If she draws any consolidated conveyance allowance, there would be automatically proportionate deduction in the same for such use of ambulance car.

(Ministry of Railway's letter No.76/H/22/16 dated 18th January 1977).

ANNEXURE I

(see Para 622)

Schedule of charges laid down for treatment of Outsiders in Railway Hospitals

Note: For the first two pregnancies of married daughters of Railway employees concessional charges at 40% of schedule of charges laid down for outsiders are levied for confinement including bed, operation, laboratory, X-ray etc., except diet and medicines. This facility is extended to the ante-natal and post natal periods also.

	Nature of treatment/Investigation	Charges (Rs)
1	OPD in Hospital/Health Unit . Cost of medicines, investigation extra per 15 days consultation.	40
2.	(i) Daily ward charges	40
	P.S.: These would be only per bed/day charges, including routine nursing and routine ward care. Charges for investigations, drugs, treatment, diet or operations would be extra.	
	(a) Admission charges	
	(b) A Class (Cabin Ward AC)	400
	(c) B Class (Cabin Ward non-AC)	350
	(d) General Ward AC, irrespective of whether AC is used or not	
	(e) General Ward Non AC	60
	(f) Beds in Health Units,Health Centres & Polyclinics	20
	(g) ICU (Life Support system not used)	450
	(h) ICU (Life support system used)	750
(ii)	a) Special Nursing	300
	b) Additional visit of Doctor	50
	(c) Cabin ward	100
(iii)	Surcharge	

There will be surcharge of 25% on all the above mentioned charges at Zonal Headquarters' Hospital.

(iv) Operational charges

(a) Trivial operation	250
(b) Minor operation	600
(c) Major operation	2500
(d) Special operation	5000
(e) Open Heart Surgery -	
(f) CABG General Ward	114000
(g)- CABG with One Valve	127500
(h) Angiogram (Pvt. Ward)	52000
(i) Angiogram (Genl. Ward)	49500
(j) Angiogram with Stent	126000
(k)	

(v) Service charges for the following, if done in isolation as an independent procedure.

(a) Catheterisation	125
(b) Transfusion of blood	150
(c) Lumbar puncture	150
Confinement	
(d) Confinement – Normal without episiotomy	1375
(e) Confinement – Normal with episiotomy	1625
(f) Confinement – Abnormal	2000

Note: These charges do not include cost of drugs transfusion of blood, disposable items, implants or Transplants used during operation. It covers only theatre charges operation fee and oxygen Inhalation anesthesia agents, incubation and lumbar puncture done in theatre labour room.

(vi) Others

(a) ECG without report	125
(b) ECG with report	150
(c) SIGNAL Average Late Potential E.C.G	750
(d) Sonography/echography	
- Heart	600
- Other parts of body	450
(e) Angiography coronary	8000
(f) Tread Mill Winkes' Tests	450
(g) Computerized Tread Mill	825
(h) Echo-Cardiogram	750
(i) Physiotherapy electrical e.g., electric traction, short-wave diathermy per sitting whether with our without exercise.	25
(j) Physical physiotherapy e.g., physical traction, wax bath hot packs per sitting with our without exercise.	15
(k) Exercises only per sitting	5

(l) All other laboratory charges, investigations, X-rays or other procedures as given below:

I. Clinical Pathology

1. Routine blood cell examination, , including blood cell counts.	30
2. Smears for Haemoparasite	30
3. Urine examination – Routine, chemical and microscopic.	50
4. Examination of stools for parasites including microscopic examinations for parasites occult blood.	50
5. Examination of sputum smears AFB and other micro organisms.	50
6. Microscopic examination of pus smears.	30
7. Other pathological examinations like throat swabs and skin scrapings for fungus, Lepa bacillus, etc.	30
8. Examination of CSF, complete (microscopic and chemical).	60

II. Microbiology

1. Cultures for bacteria	60
2. Culture and sensitivity test	120
3. Serological test for identification of infecting organisms Such as Widal test, VDRL, Kahn's STS, etc.	100
4. Serological test for identification of virus infections.	200

III. Hematology and Immunology

1. Bleeding and coagulation time	50
2. ESR	30
3. PCV	50
4. Haemogram	100
5. LE Cell	50
6. Bone marrow test	55
7. Rh. factor and other anti-globulin tests	300
8. Coomb's test	40
9. Serum electrophoresis	150
10. Immuno-globulin estimations and immuno-electrophoresis	450

IV. Bio-Chemistry

1. Blood Sugar	30
2. Blood Urea	30
3. Blood Urea Nitrogen	30
4. Serum Creatine	30
5. Serum amylase	40
6. Simple non routine tests	75
Glucose tolerance test (according to samples examined),	

	Serum proteins including albumin globulin ratio, serum Electrolyte, serum uric acid, serum phosphates, Phosphatases (acid, alkaline), liver function tests including SGPT and total protein, gastric analysis and stools fats estimations.	
7.	Bilirubin & urobilinogen	20
8.	Prothrombine time	30
V)	Tests requiring high inputs and specialised equipment.	
(i)	Lipid profile	200
(ii)	Blood gas analysis	300
(iii)	Radio immuno-assay	300
(iv)	Hormone estimations using radio isotope techniques.	300
(v)	Urinary ketosteroids, VMA	250
(vi)	Urea clearance test	75
(vii)	Urine urea estimation	75
VI)	Blood Bank	
1.	Blood grouping, including Rh.	50
2.	Blood grouping and cross matching	225
3.	M.P	25
4.	VDRL	100
5.	HBS Ag	150
6.	HIV	225
7.	HCV	225
	(Blood Donor to be provided)	
VII)	Cytology	
1.	Histopathological examination	80
2.	Exfoliative cytological examination	50
3.	Aspiration cytological examination	80
4.	Radio therapy per sitting (deep and superficial)	125
5.	Electro convulsive therapy per sitting	50
VIII)	Miscellaneous examinations and services.	
1.	Mantoux test	15
2.	Patch or intra-dermal tests for sensitivity to antigen per test.	15
3.	– do - set of tests.	150
4.	Respiratory function test (FVC, FEV & MSP)	125
5.	Detailed respiratory functions excluding blood gas.	150
6.	Anti-rabies vaccine per course (in case of human diploid vaccine & PCEV – cost of vaccine will be extra).	200
7.	Audiometry	100
8.	Refraction	75

IX. Dental Treatment

1. Extraction under L.A. (any tooth)	75
2. – do - (molar tooth)	100
3. Cement/Glass Income filling (per tooth)	75
4. Silver amalgam /Composite filling	125
5. Partial denture	500
6. Full denture	900
7. Root Canal of a tooth (other than Molar)	250
Root Canal for Molar teeth	600
8. Oral Prophylaxis	250
9. Periodontal Surgery each quadrant	250
-----do----- (full-mouth)	1000
10. Apicolectomy	600
11. Extraction of impacted tooth	600
12. Alveolectomy	250
13. Fracture Mandible/Maxilla inter maxillary fixation	2500

[\(Railway Board's letter No.2000/H/6-1/45 dated 21.12.2001 \).](#)

X) Others

1. Charges for BGPD	150
2. Charges for Holter Monitor Test	1375
3. Charges for EEG	500
4. Charges for fluoroscopy	60

XI) Charges for X-ray

1. Dental Peripical X-Ray	20
2. MMR 4" x 4"	30
3. 6.1/2 x 8.1/2"	50
4. 8" x 10"	50
5. 10" x 12"	75
6. 12" x 15"	90
7. 14" x 14"	100
8. 14" x 17"	110

(Cost of opaque material involved is extra (in special investigations at cost plus 25% handling charges).

- XII)
1. All other laboratory charges, investigations and X-rays, or other procedures not specified above 50% increase proposed over existing charges.
 2. Drugs, disposable items and implants, items of Local .Purchase. will be charged at at cost plus 35% handling charges.
 3. Handling and service charges will be 70% additional over the diet charges.

XVII.	(a) Heamodialysis (first dialysis)	2250
	Subsequent five dialysis	750
	Seventh dialysis	1500
	(b) Peritoneal dialysis	3000

XVIII.	In addition, labour room/theatre charges shall be charged as follows:	
	1. For trivial operation under local anesthesia	70
	2. For trivial operation under general anesthesia or regional.	150
	3. For minor operation.	300
	4. For major operation.	500
	5. For special operation.	1000
	6. CABG	1000
	7. Open heart/closed heart	1000

XIX. Separate OT charges are not applicable if dental surgery is done in OT attached to dental OPD.

For the above mentioned operations, the costs of disposable surgical appliances, valves, anesthesia and (any other costly items used) will be levied separately actual cost plus 25% handling charges.

Note: ‘NIL’ indicates no changes required to be done as the

(Bd’s No.200/H/6-1/45 dt 15-05-2001)

Annexure-1(A)

Proposed (Revised) Rate of investigation for non-railway cases
In nuclear medicine/Opthamology departments of B.R.Singh Hospital, Sealdah.

S.No.	Modalities	Type	Charges (Rs.)
1.	Myocardial Perfusion Imaging	With 99mTC-Terfusion Imaging With 201 – Thallium First pass study	2970.00 5940.00 1780.00
2.	Liver Scan		800.00
3.	Renogram		1000.00
4.	Renal Scan with 99mtc-DMSA		4000.00
5.	Bone Scan		1100.00
6.	Lung Persusion, Ventilation Scan		1700.00
7.	Hepatoblliary System		1000.00
8.	MUGA gated blood scan	Stress	1400.00
		Rest	1200.00
9.	Thyroid Scan with 99mtc04		600.00
10.	Parathyroid Scan		3000.00

11.	Brain SPECT Scan		5000.00
12.	Throid Uptake and Scan		1000.00
13.	Renal Scan with 99mtc-GHA		1000.00
14.	131-I Therapy		1000.00
15.	Fundus Photography (Each Eye)		100.00
16.	Biometry (each eye)		125.00
17.	Fluorescein in Angiography		600.00
18.	Laser Photocoagulation	By Argon Laser	600.00
19.	Laser Yag Application for	Capsulectomy	600.00
		Membranceity	600.00
		Tridectomy	600.00
		Tumuours & Cysts	600.00

Annexure-1(B)
 Revised Rate of Non Rly cases in Cardiology Department of Perambur Rly Hospital, Chennai.

Sl. No	Treatment procedure	Charges payable to Hospital (without Material (in Rupees)	Expenditure on material (in Rupees) including 25% levy	Total expenditure for the patient (in rupees) (a)+(b)
1	2	3	4	5
		Revised (a)	Revised (b)	Revised Rates
1.	Coronary Angiogram/ Cardiac Catheterisation	8,000	3,750	11,750
2.	Permanent Pacing	8,000	52,500	60,500
3.	Coronary Angioplasty (without stent)	15,000	37,500	52,500
4.	Coronary Angioplasty with Stent (one vessel/one lesion)	15,000	**87,500	1,02,500
5.	Valvuloplasty	15,000	56,250	71,250
6.	Pheripheral Angioplasty Without Stent	15,000	37,500	52,500
7.	Pheripheral Angioplasty with stent	15,000	75,000	90,000
8.	Open Heart Surgery/CABG	40,000	62,500	1,02,500
9.	CABG with one valve	40,000	1,12,500	1,52,500
10.	Closed Heart Surgery	15,000	12,500	27,500

- Material to be supplied by the patient to the hospital.
 - ** The above rates for angioplasty and stenting are given for single vessel/single lesion.
 For any additional balloon or stent, patient has to incur appropriate expenditure.
- Ref:** [Rly.Board’s letter No.2000/H/6-1/45 dated 30.7.2001. \(Forwarded vide CMD/GRC’s letter No.CMD/SER/GR/37/HME/42/2642 dated 10/13.8.2001.](#)

ANNEXURE II

LIST SHOWING CLASSIFICATION OF OPERATIONS INTO MAJOR, MINOR AND TRIVIAL

SR. NO.	SYSTEM	TYPE	OPERATION
1	OP. ON NERVOUS SYSTEM (N.S)	SPECIAL	REMOVAL OF BRAIN TUMOR
2	OP. ON NERVOUS SYSTEM	MAJOR	CRANIOTOMY
3	OP. ON NERVOUS SYSTEM	MAJOR	DRAINAGE OF INTRACRANIAL ABCESS
4	OP. ON NERVOUS SYSTEM	MAJOR	CEREBRAL ARTERIOGRAPHY
5	OP. ON NERVOUS SYSTEM	MAJOR	EMBOLIZATION, EMBOLECTOMY
6	OP. ON NERVOUS SYSTEM	MINOR	ENCEPHALOGRAPHY
7	OP. ON NERVOUS SYSTEM	MINOR	VENTRICULOGRAPHY
8	OP. ON NERVOUS SYSTEM	MAJOR	LAMINECTOMY
9	OP. ON NERVOUS SYSTEM	MAJOR	RHIZOTOMY
10	OP. ON NERVOUS SYSTEM	MAJOR	RADICULECTOMY
11	OP. ON NERVOUS SYSTEM	MAJOR	CHORDOTOMY
12	OP. ON NERVOUS SYSTEM	MAJOR	EXCISION OF INTRASPINAL LESION
13	OP. ON NERVOUS SYSTEM	MAJOR	SHUNT FOR HYDROCEPHALUS

14	OP. ON PERIPHERAL N.S	MAJOR	SECTION OF SYMPATHETIC NERVE
15	OP. ON PERIPHERAL N.S	MAJOR	GAGLIONECTOMY & SYMPATHECTOMY
16	OP. ON PERIPHERAL N.S	MAJOR	NEUROLYSIS
17	OP. ON PERIPHERAL N.S	MAJOR	NEUROPLASTY
18	OP. ON PERIPHERAL N.S	MINOR	MYELOGRAPHY
19	OP. ON PERIPHERAL N.S	MINOR	NEUROTOMY
20	OP. ON PERIPHERAL N.S	MINOR	NEURECTOMY
21	OP. ON PERIPHERAL N.S	MINOR	AVULSION OF NERVE
22	OP. ON PERIPHERAL N.S	MINOR	NEUROTIPSY
23	OP. ON PERIPHERAL N.S	MINOR	NEURORRHAPHY
24	OP. ON PERIPHERAL N.S	TRIVIAL	SPINAL PUNCTURE/ INJ.INTO PERIPHERAL NERVE
25	OP. ON PERIPHERAL N.S	MINOR	INJ. INTO SYMPATHETIC NERVE OR GANGLION
26	OP. ON THYROID & PARATHYROID	MAJOR	THYROIDECTOMY SUBTOTAL/ PARTIAL
27	OP. ON THYROID & PARATHYROID	MAJOR	THYROIDECTOMY TOTAL
28	OP. ON THYROID & PARATHYROID	MAJOR	EXCISION OF THYROGLOSSAL TRACT
29	OP. ON THYROID & PARATHYROID	MAJOR	OP.ON PARATHYROID INCLUDING REMOVAL
30	OP. ON THYROID & PARATHYROID	MAJOR	REMOVAL OF THYROID,ADENOMA
31	OP. ON THYROID & PARATHYROID	MINOR	INCISION OF THYROID ABCESS
32	OP. ON ADRENALS	SPECIAL	ADRENALECTOMY
33	OP. ON PITUITARY	SPECIAL	HYPOPHYSECTOMY-TRANSFRONTAL
34	OP. ON PITUITARY	SPECIAL	HYPOPHYSECTOMY-TRANSPHENOID
35	OP. ON THYMUS	SPECIAL	THYMECTOMY
36	OP.ON OTHER ENDOCRINE ORGANS	MAJOR	OP. ON CAROTID BODIES
37	OP. ON EYE	MAJOR	INTRAOCULAR REMOVAL OF EYE BALL
38	OP. ON EYE	MAJOR	EXENTERATION OF ORBIT
39	OP. ON EYE	MAJOR	TENOTOMY OF EYE TENDON
40	OP. ON EYE	MAJOR	ENUCLEATION OF EYE BALL
41	OP. ON EYE	MAJOR	REMOVAL OF INTRAOCULAR FOREIGN BODY
42	OP. ON EYE	MAJOR	EVISCERATION OF EYE
43	OP. ON EYE	MINOR	REMOVAL OF FOREIGN BODY(PARTIAL&PERIPHRAL) CONJ. SAC
44	OP. ON EYE	TRIVIAL	CANTHOTOMY
45	OP. ON EYE	MINOR	CANTHECTOMY
46	OP. ON EYE	MINOR	CANTHOPLASTY
47	OP. ON EYE	MINOR	BLEPHAROTOMY
48	OP. ON EYE	MINOR	EXCISION OF TARSAL PLATE
49	OP. ON EYE	MAJOR	BLEPHAROPLASTY & TARSOPLASTY
50	OP. ON EYE	TRIVIAL	CHALAZION OPERATION
51	OP. ON EYE	TRIVIAL	EPILATION OF EYE LID
52	OP. ON EYE	MINOR	REPAIR OF CONJUNCTIVA
53	OP. ON EYE	TRIVIAL	INCISION OF CONJUNCTIVA
54	OP. ON EYE	SPECIAL	CORNEAL TRANSPLANTATION
55	OP. ON EYE	MAJOR	KERATOPLASTY
56	OP. ON EYE	MINOR	KERATOTOMY
57	OP. ON EYE	MAJOR	IMPLATATION OF LENS, IOL
58	OP. ON EYE	MINOR	IRIDOTOMY
59	OP. ON EYE	MINOR	IRIDECTOMY
60	OP. ON EYE	MINOR	IRIDODIALYSIS
61	OP. ON EYE	MINOR	IRIDOPLASTY
62	OP. ON EYE	MINOR	IRIDOTASIA
63	OP. ON EYE	MINOR	CYCLODIALYSIS
64	OP. ON EYE	MINOR	CYCLODIATHERMY
65	OP. ON EYE	SPECIAL	DETACHMENT OF RETINA
66	OP. ON EYE	MAJOR	OP.OF CHOROID
67	OP. ON EYE	MINOR	SCLEROTOMY
68	OP. ON EYE	MINOR	SCLERECTOMY
69	OP. ON EYE	SPECIAL	CATARACT WITH IMPLANTATION OF LENS(PC)
70	OP. ON EYE	MAJOR	CATARACT EXTRACTION
71	OP. ON EYE	MINOR	CAPSULOTOMY
72	OP. ON EYE	MAJOR	DACRYOCYSTORHINOSTOMY
73	OP. ON EYE	MAJOR	DACRYOCYSTECTOMY
74	OP. ON EYE	TRIVIAL	INCISION OF LACRIMAL SAC
75	OP. ON EYE	TRIVIAL	OPHTHALMOSCOPY, FUNDUSCOPY
76	OP. ON EAR	SPECIAL	COCHLEAR IMPLANTATION

77	OP. ON EAR	MAJOR	OP. ON OSSICLES OF EAR
78	OP. ON EAR	MAJOR	OP. ON LABYRINTH & VESTIBULE OF EAR
79	OP. ON EAR	MAJOR	OP. ON MASTOID ANTRUM
80	OP. ON EAR	MAJOR	OP. ON TYMPANUM
81	OP. ON EAR	MINOR	REPAIR OF EAR LOBULE
82	OP. ON EAR	TRIVIAL	INCISION OF EXTERNAL EAR
83	OP. ON EAR	TRIVIAL	REMOVAL OF FOREIGN BODY FROM EXTERNAL AUDITORY CANAL
84	OP. ON EAR	MINOR	OP. ON EUSTACHIAN TUBE
85	OP. ON AIR SINUSES	MAJOR	REPAIR OF NOSE
86	OP. ON AIR SINUSES	MAJOR	ETHMOIDECTOMY
87	OP. ON AIR SINUSES	MINOR	OP. ON NASAL SEPTUM
88	OP. ON AIR SINUSES	MINOR	TURBINECTOMY
89	OP. ON AIR SINUSES	MINOR	REDUCTION OF FRACTURE OF NOSE
90	OP. ON AIR SINUSES	MINOR	I & D OF PARANASAL SINUSES
91	OP. ON AIR SINUSES	TRIVIAL	I & D OF NOSE
92	OP. ON AIR SINUSES	TRIVIAL	REMOVAL OF FOREIGN BODY FROM NOSE
93	OP. ON LARYNX & TRACHEA	SPECIAL	EXCISION & RECONSTRUCTION OF TRACHEA
94	OP. ON LARYNX & TRACHEA	MAJOR	REPAIR OF TRACHEA
95	OP. ON LARYNX & TRACHEA	MINOR	LARYNGOTOMY
96	OP. ON LARYNX & TRACHEA	MINOR	LARYNGOSTOMY
97	OP. ON LARYNX & TRACHEA	MINOR	TRACHEOSTOMY
98	OP. ON LARYNX & TRACHEA	TRIVIAL	INTUBATION OF TRACHEA
99	OP. ON TEETH AND GUMS	TRIVIAL	ALVEOLECTOMY
100	OP. ON TEETH AND GUMS	MINOR	EXTRACTION OF IMPACTED MOLAR
101	OP. ON TEETH AND GUMS	MINOR	SURGICAL REMOVAL OF TEETH
102	OP. ON TEETH AND GUMS	TRIVIAL	I & D OF ALVEOLAR ABSCESS
103	OP. ON TEETH AND GUMS	TRIVIAL	EXTRACTION OF EACH TEETH
104	OP. ON TEETH AND GUMS	TRIVIAL	EXTRACTION OF MOLAR TOOTH
105	OP. ON TEETH AND GUMS	MINOR	APICECTOMY
106	OP. ON TEETH AND GUMS	TRIVIAL	EXCISION OF LESION OF GUMS
107	OP. ON TEETH AND GUMS	TRIVIAL	REPAIR OF TEETH
108	OP. ON OROPHARYNX	SPECIAL	LARYNGO -PHARYNGECTOMY
109	OP. ON OROPHARYNX	SPECIAL	COMMANDO OPERATION
110	OP. ON OROPHARYNX	MAJOR	PHARYNGOTOMY
111	OP. ON OROPHARYNX	MAJOR	OP. FOR CORRECTION OF CLEFT PALATE
112	OP. ON OROPHARYNX	MAJOR	GLOSSECTOMY
113	OP. ON OROPHARYNX	MINOR	ADENOIDECTOMY WITHOUT TONSILLECTOMY
114	OP. ON OROPHARYNX	MAJOR	TONSILECTOMY WITH ADENOIDECTOMY
115	OP. ON OROPHARYNX	MINOR	TONSILECTOMY WITHOUT ADENOIDECTOMY
116	OP. ON OROPHARYNX	TRIVIAL	I & D OF PERITONSILLES ABSCESS
117	OP. ON OESOPHAGUS	SPECIAL	OESOPHAGO GASTRECTOMY
118	OP. ON OESOPHAGUS	SPECIAL	DEVASCULARISATION OP./TANNERS OP. & OTHER SIMILAR OP.
119	OP. ON OESOPHAGUS	MAJOR	OESOPHAGOTOMY
120	OP. ON OESOPHAGUS	MAJOR	EXCISION OF STRICTURE
121	OP. ON OESOPHAGUS	MAJOR	HELLER'S OPERATION
122	OP. ON OESOPHAGUS	MINOR	OESOPHAGOSCOPY
123	OP. ON OESOPHAGUS	MINOR	INJ. OF OESOPHAGIAL VARICES
124	OP. ON OESOPHAGUS	MINOR	DILATATION OF OESOPHAGUS
125	OP. ON SALIVARY GLANDS	MAJOR	SIALOADENECTOMY
126	OP. ON SALIVARY GLANDS	MINOR	SIALODENOTOMY
127	OP. ON SALIVARY GLANDS	MINOR	REMOVAL OF SALIVARY CALCULUS
128	OP.ON INTRATHORACIC VESSELS	SPECIAL	OP. ON ANEURYSM OF GREAT VESSEL, INTRATHORACIC
129	OP.ON INTRATHORACIC VESSELS	SPECIAL	ARTERIOTOMY OF GREAT VESSEL, INTRATHORACIC
130	OP.ON INTRATHORACIC VESSELS	SPECIAL	REPAIR OF CONGEITAL DEFECT OF GREAT VESSELS
131	OP.ON INTRATHORACIC VESSELS	MAJOR	ARTERIORRHAPHY OF GREAT VESSELS, INTRATHORACIC
132	OP.ON INTRATHORACIC VESSELS	MAJOR	LIGATION OF GREAT VESSELS, INTRATHORACIC INCLUDING PDA
133	OP.ON INTRATHORACIC VESSELS	SPECIAL	ARTERIAL GRAFTS
134	OP.ON INTRATHORACIC VESSELS	SPECIAL	EMBOLECTOMY
135	OP. ON THORAX	MAJOR	MEDIASTINOTOMY
136	OP. ON THORAX	MAJOR	THORACOTOMY
137	OP. ON THORAX	MAJOR	EXCISION OF LESION OF MEDIASTINUM
138	OP. ON THORAX	MAJOR	BRONCHOTOMY
139	OP. ON THORAX	MAJOR	REPAIR OF BRONCHUS

140	OP. ON THORAX	MAJOR	PNEUMONECTOMY
141	OP. ON THORAX	MAJOR	LOBECTOMY
142	OP. ON THORAX	MAJOR	PLEURECTOMY
143	OP. ON THORAX	MAJOR	REPAIR OF LUNG & PLEURA
144	OP. ON THORAX	MINOR	THOR ACENTESIS
145	OP. ON THORAX	MINOR	OTHER OP. ON CHEST WALL
146	OP. ON THORAX	MINOR	BRONCHOSCOPY
147	OP. ON THORAX	MINOR	PLEUROTOMY
148	OP. ON THORAX	TRIVIAL	PLEURAL ASPIRATION & PLEURAL BIOPSY
149	OP. ON THORAX	MINOR	RIB RESECTION AND DRAINAGE
150	OP. ON THORAX	TRIVIAL	PNEUMOTHORAX ARTIFICIAL
151	OP. ON THORAX	MAJOR	MASTECTOMY, RADICAL
152	OP. ON BREAST	MAJOR	PATEY'S OPERATION
153	OP. ON BREAST	MAJOR	MASTECTOMY WITH AXILLARY CLEARANCE
154	OP. ON BREAST	MINOR	LUMPECTOMY OR SIMPLE MASTECTOMY
155	OP. ON BREAST	MINOR	FORMAL BIOPSY OF BREAST
156	OP. ON BREAST	TRIVIAL	NEEDLE/TROCAR BIOPSY OF BREAST
157	OP. ON ABDOMINAL WALL	MAJOR	LAPAROTOMY AND DRAINAGE
158	OP. ON ABDOMINAL WALL	MINOR	REPAIR OF INGUINAL HERNIA
159	OP. ON ABDOMINAL WALL	MAJOR	REPAIR OF FEMORAL HERNIA
160	OP. ON ABDOMINAL WALL	MAJOR	REPAIR OF ABDOMINAL WALL
161	OP. ON ABDOMINAL WALL	MINOR	HERNIOTOMY
162	OP. ON ABDOMINAL WALL	MAJOR	EXPLORATORY LAPROTOMY WITH/ WITHOUT BIOPSY
163	OP. ON ABDOMINAL WALL	TRIVIAL	PNEUMOPERITONEUM
164	OP. ON ABDOMEN	MAJOR	EXCISION OF TUMOURS-INTRA ABDOMINAL
165	OP. ON STOMACH	SPECIAL	DEVASCULARISATION OPERATION
166	OP. ON STOMACH	SPECIAL	TOTAL GASTRECTOMY
167	OP. ON STOMACH	MAJOR	GASTRECTOMY, SUBTOTAL
168	OP. ON STOMACH	MAJOR	GASTRECTOMY, PARTIAL
169	OP. ON STOMACH	MAJOR	GASTROJEJUNOSTOMY
170	OP. ON STOMACH	MAJOR	VAGOTOMY & DRAINAGE PROCEDURE
171	OP. ON STOMACH	MINOR	GASTROSCOPY
172	OP. ON STOMACH	MINOR	GASTROSTOMY
173	OP. ON APPENDIX	MINOR	I & D OF APPENDICULAR ABSCESS
174	OP. ON APPENDIX	MINOR	APPENDICECTOMY
175	OP. ON INTESTINES	MAJOR	COLONOSCOPY
176	OP. ON INTESTINES	MAJOR	RESECTION OF SMALL BOWEL OR COLON e.g. HEMICOLECTOMY
177	OP. ON INTESTINES	MAJOR	RESECTION ANASTAMOSIS
178	OP. ON INTESTINES	MINOR	ENTEROTOMY
179	OP. ON INTESTINES	MINOR	ILEOSTOMY
180	OP. ON INTESTINES	MINOR	COLOSTOMY
181	OP. ON INTESTINES	TRIVIAL	SIGMOIDOSCOPY
182	OP. ON RECTUM & ANUS	MAJOR	ANTERIOR RESECTION
183	OP. ON RECTUM & ANUS	MAJOR	ABDOMEO PERINEAL RESECTION
184	OP. ON RECTUM & ANUS	MINOR	PROCTOPEXY
185	OP. ON RECTUM & ANUS	MINOR	HAEMORRIDECTOMY
186	OP. ON RECTUM & ANUS	MINOR	EXCISION OF ANAL FISTULA
187	OP. ON RECTUM & ANUS	TRIVIAL	PROCTOSCOPY
188	OP. ON RECTUM & ANUS	TRIVIAL	INCISION OF ANAL ABSCESS
189	OP. ON RECTUM & ANUS	TRIVIAL	INJ. OF HAEMORRHOIDS
190	OP. ON RECTUM & ANUS	MINOR	APPLICATION OF RUBBER BAND
191	OP. ON RECTUM & ANUS	TRIVIAL	EXCISION OF ANAL FISSURE
192	OP. ON RECTUM & ANUS	TRIVIAL	DILATION OF ANAL SPHINCTER
193	OP. ON LIVER & BILE DUCTS	SPECIAL	HEPATECTOMY, PARTIAL
194	OP. ON LIVER & BILE DUCTS	SPECIAL	HEPATICO JEJUNOSTOMY
195	OP. ON LIVER & BILE DUCTS	SPECIAL	REPAIR OF STRICTURE-BILE DUCT
196	OP. ON LIVER & BILE DUCTS	SPECIAL	ANASTOMOSIS OF BILE DUCT
197	OP. ON LIVER & BILE DUCTS	MAJOR	CHOLECYSTECTOMY
198	OP. ON LIVER & BILE DUCTS	MAJOR	CHOLEGYSTOGASTROSTOMY
199	OP. ON LIVER & BILE DUCTS	MAJOR	CHOLECYSTOJEJUNOSTOMY
200	OP. ON LIVER & BILE DUCTS	MAJOR	REPAIR OF LIVER
201	OP. ON LIVER & BILE DUCTS	MAJOR	CHOLEDOCHOLITHOTOMY
202	OP. ON LIVER & BILE DUCTS	MAJOR	CHOLEDOCHOTOMY

203	OP. ON LIVER & BILE DUCTS	MAJOR	ERCP & SCPHINTEROTOMY
204	OP. ON LIVER & BILE DUCTS	MAJOR	BASKETING & ERCP
205	OP. ON LIVER & BILE DUCTS	MAJOR	ERCP
206	OP. ON LIVER & BILE DUCTS	MAJOR	CHOLECYSTOSTOMY
207	OP. ON LIVER & BILE DUCTS	TRIVIAL	BIOPSY OF LIVER & NEEDLE ASPIRATION
208	OP. ON PANCREAS	SPECIAL	PANCREATECTOMY
209	OP. ON PANCREAS	SPECIAL	PANCREATODUODENECTOMY
210	OP. ON PANCREAS	MAJOR	PANCREATOTOMY
211	OP. ON PANCREAS	MAJOR	PANCREOLITHOTOMY
212	OP. ON PANCREAS	MAJOR	EXCISION OF LESION OF PANCREAS
213	OP. ON PANCREAS	MAJOR	PANCREATOJEJUNOSTOMY
214	OP. ON PANCREAS	MAJOR	DRAINAGE OF PANCREATIC ABSCESS
215	OP. ON SPLEEN	MAJOR	SPLEENECTOMY
216	OP. ON KIDNEY	SPECIAL	RENAL TRANSPLANTATION, RECIPIENT ONLY
217	OP. ON KIDNEY	MAJOR	NEPHROTOMY, EXPLORATORY
218	OP. ON KIDNEY	MAJOR	NEPHROSTOMY
219	OP. ON KIDNEY	MAJOR	NEPHROLITHOTOMY
220	OP. ON KIDNEY	MAJOR	PYELOPLASTY/PYELOLI THOTOMY
221	OP. ON KIDNEY	MAJOR	NEPHRECTOMY
222	OP. ON KIDNEY	MAJOR	NEPHROPEXY
223	OP. ON KIDNEY	MAJOR	RETROGRADE PYELOGRAPHY
224	OP. ON URETER	MAJOR	URETEROLITHOTOMY, URETEROCYSTOTOMY
225	OP. ON URETER	MAJOR	URETEROSIGMOIDOSTOMY/URETEROCYSTOTOMY
226	OP. ON URETER	MAJOR	ILEAL CONDUIT
227	OP. ON URINARY BLADDER	MAJOR	CYSTECTOMY (PARTIAL/TOTAL)
228	OP. ON URINARY BLADDER	MAJOR	CYSTOPLASTY
229	OP. ON URINARY BLADDER	MAJOR	TRANSURETHRAL RESECTION OF BLADDER TUMOUR
230	OP. ON URINARY BLADDER	MAJOR	BASKETING OF URETERIC STONES
231	OP. ON URINARY BLADDER	MINOR	CYSTOTOMY
232	OP. ON URINARY BLADDER	MINOR	CYSTOLITHOTOMY
233	OP. ON URINARY BLADDER	MINOR	CYSTOSCOPY
234	OP. ON URETHRA	MINOR	URETHROTOMY, EXTERNAL
235	OP. ON URETHRA	MINOR	URETHROLITHOTOMY
236	OP. ON URETHRA	MAJOR	URETHROPLASTY
237	OP. ON URETHRA	MINOR	URETHROSCOPY
238	OP. ON URETHRA	TRIVIAL	MEATOTOMY, URETHRAL
239	OP. ON URETHRA	TRIVIAL	URETHROSOCOPY
240	OP. ON URETHRA	TRIVIAL	DILATION OF URETHRA WITH SOUND
241	OP. ON PROSTATE SEMINALVESICLES	MAJOR	PROSTATOMY, SUPRAPUBIC
242	OP. ON PROSTATE SEMINALVESICLES	MAJOR	PROSTATECTOMY, RETROPUBIC
243	OP. ON PROSTATE SEMINALVESICLES	MAJOR	PROSTATECTOMY, PERINEAL
244	OP. ON PROSTATE SEMINALVESICLES	MAJOR	PROSTASECTOMY, TRANSURETHRAL
245	OP. ON PROSTATE SEMINALVESICLES	MAJOR	VESICULECTOMY, SEMINAL
246	OP. ON OTHER MALE GENITALIA	MAJOR	EXCISION OF PENIS
247	OP. ON OTHER MALE GENITALIA	MAJOR	HYPOSPADIUS
248	OP. ON OTHER MALE GENITALIA	MAJOR	EXCISION OF FILARIAL SCROTUM & IMPLANTATION OF TESTES INTO THIGHS
249	OP. ON OTHER MALE GENITALIA	MAJOR	OP. FOR STRESS INCONTINENCE OF URINE
250	OP. ON OTHER MALE GENITALIA	MINOR	CASTRATION
251	OP. ON OTHER MALE GENITALIA	MINOR	ORCHIDECTOMY
252	OP. ON OTHER MALE GENITALIA	MINOR	UNILATERAL EXCISION OR EVERSION IN HYDROCELE
253	OP. ON OTHER MALE GENITALIA	MINOR	EXCISION OF VRICOCELE
254	OP. ON OTHER MALE GENITALIA	MINOR	ORCHIDECTOMY
255	OP. ON OTHER MALE GENITALIA	TRIVIAL	CIRCUMCISION
256	OP. ON OTHER MALE GENITALIA	MINOR	RECANALISATION OF VAS
257	OP. ON OTHER MALE GENITALIA	MAJOR	ANASTOMOSIS OF TUBES
258	OP. ON OVARY	MINOR	CASTRATION-FEMALE
259	OP. ON OVARY	MINOR	SALPINGO-OOPHORECTOMY
260	OP. ON OVARY	MINOR	SALPINGECTOMY
261	OP. ON OVARY	TRIVIAL	FALLOPIAN INSUFFLATION
262	OP. ON OVARY	MAJOR	RECANALISATION AFTER TUBECTOMY/TUBAL BLOCK
263	OP.ON UTERUS&SUPP.STRUCTURE	SPECIAL	PELVIC EVISCREATION
264	OP.ON UTERUS&SUPP.STRUCTURE	MAJOR	HYSTERECTOMY,TOTAL
265	OP.ON UTERUS&SUPP.STRUCTURE	MAJOR	HYSTERECTOMY,RADICAL

266	OP.ON UTERUS&SUPP.STRUCTURE	MAJOR	HYSTERECTOMY,VAGINAL
267	OP.ON UTERUS&SUPP.STRUCTURE	MINOR	HYSTEROTOMY
268	OP.ON UTERUS&SUPP.STRUCTURE	MINOR	HYSTEROPEXY
269	OP.ON UTERUS&SUPP.STRUCTURE	MINOR	COLPORRHAPHY
270	OP.ON UTERUS&SUPP.STRUCTURE	TRIVIAL	DILATION OF CERVIX
271	OP.ON UTERUS&SUPP.STRUCTURE	MINOR	CURETTAGE OF UTERUS
272	OP.ON UTERUS&SUPP.STRUCTURE	TRIVIAL	CAUTERIZATION OF CERVIX
273	OP.ON UTERUS&SUPP.STRUCTURE	TRIVIAL	BIOPSY OF UTERUS
274	OP.ON UTERUS&SUPP.STRUCTURE	TRIVIAL	COLPOTOMY
275	OP. ON VAGINA	MAJOR	PERINEORRHAPHY
276	OP. ON VAGINA	TRIVIAL	INCISION OF ABSCESS OF BARTHOLIN'S GLANDS
277	OP. ON VAGINA	MINOR	BIOPSY OF VULVA
278	OP. ON VAGINA	MAJOR	REPAIR OF VESICO VAGINAL FISTULA
279	OBSTETRIC OPERATIONS	MAJOR	CAESAREAN SECTION
280	OBSTETRIC OPERATIONS	MAJOR	EMBRYOTOMY
281	OBSTETRIC OPERATIONS	MAJOR	CRANIOTOMY, FOETAL
282	OBSTETRIC OPERATIONS	MINOR	VERSION, INTERNAL
283	OBSTETRIC OPERATIONS	MINOR	EPISIOTOMY & STITCHING
284	OBSTETRIC OPERATIONS	TRIVIAL	VERSION, EXTERNAL
285	OP. ON BONE	SPECIAL	HIP REPLACEMENT
286	OP. ON BONE	SPECIAL	KNEE REPLACEMNT
287	OP. ON BONE	SPECIAL	SPINAL FUSION, ANTERIOR, POSTERIOR
288	OP. ON BONE	SPECIAL	LIMB SAVING OP. WITH IMPLANTS
289	OP. ON BONE	MAJOR	OPEN REDUCTION OF FRACTURE WITHOUT FIXATION
290	OP. ON BONE	MAJOR	REDUCTION OF FRACTURE FIXATION
291	OP. ON BONE	MAJOR	LAMINECTOMY & DECOMPRESSION
292	OP. ON BONE	MAJOR	LAMINECTOMY WITH DISCECTOMY
293	OP. ON BONE	MINOR	SEQUESTRECTOMY
294	OP. ON BONE	MINOR	CLOSED REDUCTION OF FRACTURE
295	OP. ON BONE	MINOR	DEBRIDEMENT OF COMPOUND FRACTURE
296	OP. ON BONE	TRIVIAL	NEEDLE BIOPSY OF BONE OR MARROW
297	OP. ON JOINTS	MAJOR	ARTHROSCOPY-DIAGONISTIC/OPERATIVE
298	OP. ON JOINTS	MAJOR	KNEE ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION
299	OP. ON JOINTS	MAJOR	EXTERNAL FIXATION STABILISATION
300	OP. ON JOINTS	MAJOR	ARTHORTOMY
301	OP. ON JOINTS	MAJOR	EXCISION OF SEMILUNAR CARTILAGE
302	OP. ON JOINTS	MINOR	BURSECTOMY
303	OP. ON JOINTS	MINOR	CLOSED REDUCTION OF DISLOCATION
304	OP. ON JOINTS	MAJOR	OPEN REDUCTION OF DISLOCATION
305	OP. ON JOINTS	MAJOR	ARTHRODESIS
306	OP. ON JOINTS	MINOR	ASPIRATION OF JOINT
307	OP. ON JOINTS	TRIVIAL	MANIPULATION OF JOINT
308	OP. ON JOINTS	MINOR	BIOPSY OF JOINT
309	OP. ON MUSCLES&TENDONS	MAJOR	TRANSPLANTATION OF MUSCLE ORIGIN
310	OP. ON MUSCLES&TENDONS	MAJOR	TRANSPLANTATION OF TENDON
311	OP. ON MUSCLES&TENDONS	TRIVIAL	TENOTOMY
312	OP. ON UPPER LIMB	SPECIAL	INTERSCAPULOTHORACIC AMPUTATION
313	OP. ON UPPER LIMB	MAJOR	DISARTICULATION AT SHOULDER
314	OP. ON UPPER LIMB	MAJOR	AMPUTATION, FOREARM
315	OP. ON UPPER LIMB	MAJOR	AMPUTATION, ARM
316	OP. ON UPPER LIMB	MAJOR	DISARTICULATION AT ELBOW
317	OP. ON UPPER LIMB	MAJOR	DISARTICULATION AT WRIST
318	OP. ON UPPER LIMB	MINOR	AMPUTATION, THUMB
319	OP. ON UPPER LIMB	TRIVIAL	DISARTICUALATION OF FINGER
320	OP. ON LOWER LIMB	SPECIAL	ABDOMINOPELVIC AMPUTATION
321	OP. ON LOWER LIMB	MAJOR	DISARTICULATION OF HIP JOINT
322	OP. ON LOWER LIMB	MAJOR	AMPUTATION, THIGH
323	OP. ON LOWER LIMB	MAJOR	AMPUTATION, LEG
324	OP. ON LOWER LIMB	MAJOR	AMPUTATION, FOOT
325	OP. ON LOWER LIMB	MAJOR	DISARTICULATION AT KNEE
326	OP. ON LOWER LIMB	TRIVIAL	AMPUTATION, TOE
327	OP. ON ARTERIES	SPECIAL	EXCISION OF ANEURYSM OF GREAT VESSELS
328	OP. ON PERIPHERAL ARTERIES	MAJOR	ARTERIOTOMY WITH EXPLORATION

329	OP. ON PERIPHERAL ARTERIES	MAJOR	ARTERIOTOMY WITH EMBOLECTOMY
330	OP. ON PERIPHERAL ARTERIES	MAJOR	ARTERECTOMY
331	OP. ON PERIPHERAL ARTERIES	MAJOR	ANEURSMORRHAPHY
332	OP. ON PERIPHERAL ARTERIES	MAJOR	BYPASS GRAFTS
333	OP. ON PERIPHERAL ARTERIES	MINOR	LIGATION OF ARTERY
334	OP. ON VEINS	SPECIAL	PORTO CAVAL&OTHER SHUNT OPERATIONS
335	OP. ON VEINS	MINOR	PHLEBOTOMY WITH EXPLORATION
336	OP. ON VEINS	MINOR	LIGATION OF VEIN
337	OP. ON VEINS	MINOR	STRIPPING OF VARICOSE VEIN
338	OP. ON VEINS	TRIVIAL	INJ. OF VEIN
339	OP. ON VEINS	TRIVIAL	VENOGRAPHY
340	OP. ON LYMPHATIC SYSTEMS	MAJOR	LYMPHADENECTOMY, RADICAL
341	OP. ON LYMPHATIC SYSTEMS	MAJOR	BLOCK DISSECTION, NECK
342	OP. ON LYMPHATIC SYSTEMS	MAJOR	INGUINAL BLOCK DISSECTION
343	OP. ON LYMPHATIC SYSTEMS	MINOR	LYMPHADENECTOMY, SIMPLE
344	OP. ON LYMPHATIC SYSTEMS	MINOR	LYMPHANGIOPLASTY
345	OP. ON LYMPHATIC SYSTEMS	MINOR	BIOPSY OF LYMPH NODE
346	OP. ON SKIN	MAJOR	ROTATION GRAFTS
347	OP. ON SKIN	MAJOR	SKIN GRAFTS
348	OP. ON SKIN	MAJOR	PEDICLE GRAFTS
349	OP. ON SKIN	TRIVIAL	I & D, SUPERFICIAL
350	OP. ON SKIN	TRIVIAL	ONYCHOTOMY
351	OP. ON SKIN	TRIVIAL	REMOVAL OF FOREIGN BODY FROM SUPERFICIAL TISSUE
352	OP. ON SKIN	TRIVIAL	EXCISION OF SUPERFICIAL CYST
353	OP. ON SKIN	TRIVIAL	REMOVAL OF NAIL
354	OP. ON SKIN	TRIVIAL	SUTURE OF SUPERFICIAL WOUNDS
355	OP. ON SKIN	TRIVIAL	DEBRIDEMENT OF WOUNDS
356	OP. ON SKIN	TRIVIAL	BIOPSY OF SKIN
357	OP. ON SKIN	SPECIAL	MICRO VASCULAR MYOCUTANEOUS FLAP
358	SURG. PROCEDURE NOT CLASSIFIED	MAJOR	LASER FULGURATION
359	SURG. PROCEDURE NOT CLASSIFIED	MAJOR	EXCISION OF MALIGNANT TUMOURS LIMBS/PARIETIES
360	SURG. PROCEDURE NOT CLASSIFIED	MINOR	ENDOSCOPIES WITH/WITHOUT BIOPSIES
361	SURG. PROCEDURE NOT CLASSIFIED	MAJOR	COLONOSCOPYWITH/WITHOUT BIOPSY
362	SURG. PROCEDURE NOT CLASSIFIED	TRIVIAL	CATHERIZATION-URETHRAL
363	SURG. PROCEDURE NOT CLASSIFIED	TRIVIAL	I.V. TRANSFUSION
364	SURG. PROCEDURE NOT CLASSIFIED	TRIVIAL	I.V. CHEMOTHERAPY WITH DRUG INFUSION

(Rly Bd's .No.2000/H/6-1/45 dt 21-12-01)

ANNEXURE III
(See Para 645,653)
**CERTIFICATE TO BE OBTAINED FROM AN ATTENDING NON-RAILWAY INSTITUTION
FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES**

CERTIFICATE ‘A’
(To be completed in the case of patients who are not admitted to hospital for treatment)

- 1. Name and designation of the Railway employee(in BLOCK letters).....
- 2. Office in which employed
- 3. Pay of the Railway employee
- 4. Place of duty
- 5. Actual residential address
- 6. Name of the patient and his/her relation to the Railway employees

Note: In the case of children, state age also.

- 7. Place at which the patient fell ill
- 8. Nature of illness and its duration

- (a) that the injections administered were not for immunising or prophylactic, purposes.
- (b) that the patient has been under treatment at hospital/dispensary and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the (name of hospital/dispensary) for supply to private patients and do not include proprietary preparation for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

	Name of medicines	Price
1.
2.
3.
4.
5.

- (a) that the patient is/was suffering from and is/was under my treatment from to
- (b) that the patient was given pre-natal or post-natal treatment.
- (e) that the X-ray, laboratory tests, etc. for which an expenditure of Rs was incurred were necessary and were undertaken on my advice at (name of hospital or laboratory).
- (f) that I referred the patient to Dr..... for specialist consultation and that the necessary approval of the (name of the principal Medical Officer) as required under the rules was obtained.
- (g) that the patient did not require hospitalisation.

Date.....

Place

Signature and designation of the
Medical Officer

Name of the hospital/dispensary
to which attached

Note: Certificates not applicable should be struck off. Essentiality certificate as given in (b) as above is compulsory and must be filled in by the Medical Officer in all cases.

CERTIFICATE ‘B’

(To be completed in the case of patients who are admitted to hospital for treatment)

Part A

I, Dr..... hereby certify:

- (a) that the patient was admitted to hospital on my advice/on the advice of (name of Medical Officer).
- (b) that the patient has been under treatment at and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the (name of the hospital)..... for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

	Name of medicines	Price
1.
2.
3.
4.
5.

- (c) that the injections administered were not for immunising or prophylactic purposes.
- (d) that the patient was suffering from and was under my treatment from to
- (e) that the X-ray, laboratory tests, etc. for which an expenditure of Rs..... was incurred were necessary and were undertaken on my advice at (name of hospital or laboratory).
- (f) that I called in Dr..... for specialist consultation and that the necessary approval of the (name of the principal Medical Officer), as required under the rules was obtained.

Date
Place

.....
Signature and designation of the
Medical Officer in charge of the case at the hospital

Part B

I certify that the patients has been under treatment at the hospital and that the services of the special nurses, for which an expenditure of Rs..... was incurred vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Date.....
Place

.....
Signature and designation of the
Medical Officer in charge of theat the hospital.

Countersigned

.....
Principal Medical Officer

Part C

I certify that Shri/Shrimati/Kumari..... wife/son/daughterof..... employed in the has been under treatment for disease from to at the hospital and that the facilities provided were the minimum which were essential for the patient’s treatment.

Date.....
Place

.....
Medical Department
..... Hospital

Note: Certificates not applicable should be struck off. The Essentiality Certificate as given in Part A (b) above is compulsory and must be filled in by the Medical Officer in all cases.

ANNEXURE IV
(See Para 653)
FORM OF APPLICATION TO BE SUBMITTED BY A RAILWAY EMPLOYEE FOR CLAIMING
REIMBURSEMENT OF MEDICAL EXPENSES
(Note: Separate form should be used for each patient)

1.

Name and designation of the Railway employee (in BLOCK letters)

.....
2.

Office in which employed

.....
3.

Pay of the Railway employee

.....
4.

Place of duty

.....
5.

Actual residential address

.....
1.

Name of the patient and his/her relationship to the Railway employee

.....

Note: In the case of children, state age also.

7.

Place at which the patient fell ill

.....
8.

Nature of illness and its duration

.....
9.

Details of the amount claimed

.....

I. Medical Attendance:

- (i)

Fees for consultation indicating
- (a)

the same and designation of the Medical Officer consulted and the hospital or dispensary to which attached.

.....
- (b)

the number and dates of consultations and the feed paid for each consultation.

.....
- (c)

the number and dates of injections and the fee paid for each injection.

.....
- (d)

whether consultations and/or injections were had at the hospital, at the consulting room of the Medical Officer or at the residence of the patient.

.....
- (ii)

Charges for pathological, bacteriological, radiological or other similar tests undertaken during diagnosis, indicating:
- (a)

the name of the hospital or laboratory where the tests were undertaken.

.....
- (b)

whether the tests were undertaken on the advice of the Authorised Medical Officer. If so, a certificate to hat effect should be attached.

.....
- (c)

Cost of medicines purchased from the market (List of medicines, cash memo and the essentiality certificates should be attached).

.....

II. Hospital Treatment:

Charges or hospital treatment, indicating separately the charges for:

- (i)

Accommodation

.....

(State whether it was according to the status or pay of the Railway employee and in cases where the accommodation is higher than the status of the Railway employee, a certificate should be attached to the effect that the accommodation to which he was entitled was not available).
- (ii)

Diet

.....
- (iii)

Surgical operation or medical treatment

.....
- (iv)

Pathological, bacteriological, radiological or other similar tests indicating:
- (a)

the name of the hospital or laboratory at which undertaken

.....
- (b)

and whether undertaken on the advice of the Medical Officer in charge of the case at the hospital. If so, a certificate to that effect should be attached.

.....

- (v) Medicines

.....
- (vi) Special medicines
(List of medicines, cash memo and the essentiality certificate should be attached).

.....
- (vii) Ordinary nursing.

.....
- (viii) Special nursing i.e., nurses special engaged for the patient
(State whether they were employed on the advice of the Medical Officer in charge of the case at the hospital or at the request of the Railway employee or patient. In the former case, a certificate from the Medical Officer in charge of the case and countersigned by the Medical Superintendent of the hospital should be attached).

.....
- (ix) Ambulance charges
(State the journey – to and from – undertaken)

.....
- (x) Any other charges e.g., charges for electric light, fan, heater, air-conditioning, etc.
(State also whether the facilities referred to are a part of the facilities normally provided to all patients and no choice was left to the patient).

.....

Note: (1) If the treatment was received by the Railway employee at his residence under Para 634, give particulars of such treatment and attach a certificate from the Authorised Medical Officer as required.

(2) If the treatment was received at a hospital other than a Government, recognised hospital, necessary details and the certificate of the Authorised Medical Officer that the requisite treatment was not available in any nearest Government/recognised hospital should be furnished.

III. Consultation with a specialist:

- Fees paid to a specialist or a Medical Officer other than the Authorised Medical Officer, indicating:
- (a) the name and designation of the specialist Medical Officer consulted and the hospital to which attached.

.....
- (b) number and dates of consultations and the fee charged for each consultation.

.....
- (c) whether consultation was had at the hospital, at the consulting room of the specialist or Medical Officer, or at the residence of the patient.

.....
- (d) whether the specialist or Medical Officer was consulted on the advice of the Authorised Medical Officer and the prior approval of the Chief Medical Director of the Railway was obtained. If so, a certificate to that effect should be attached.

.....
10. Total amount claimed

.....
11. List of enclosures

.....

.....

.....

DECLARATION TO BE SIGNED BY THE RAILWAY EMPLOYEE

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me.

Date.....

.....

Place

Signature of the Railway employee.

ANNEXURE V
(See Para 659)

..... RAILWAY

MEDICAL DEPARTMENT

ESSENTIALITY CERTIFICATE

I certify that Shri/Shrimati/Kumar
wife/son/daughter of
employed in the has been under my treatment for
..... disease from to at the
hospital/my consulting room and that the under mentioned medicines prescribed by me in this connection
were essential for the recovery/prevention of serious deterioration in the condition of the patient. The
medicines are not stocked in the hospital
..... and do not include proprietary preparations for
which hospital for supply to
private patients cheaper substances of equal therapeutic value are available, nor preparations, which are
primarily foods, toilers or disinfectants.

	Name of medicines	Price
1.
2.
3.
4.
5.

.....
Signature of the Medical Officer
In charge of the case at the hospital.

Date
Place

.....
Signature and designation of the
Authorised Medical Officer

ANNEXURE VI
(See Para 648)

Proforma for submission of claim for reimbursement of medical expenses incurred by Railway Employees for treatment in Private Hospital/Non-Recognised Institutions

1.	Name of the patient	
2.	Age	
3.	(a) Relationship with Railway Employee (b) Name of the employee	
4.3.	Designation	|
5.4.	Pay	|
6.5.	Name of the Institution where taken for treatment	|
7.6.	Date of admission	|
8.7.	Date of discharge	|
9.8.	Date of admission of claim	|
10.9.	Reasons for delay, if delayed for more than 3 months	|
11.10.	Total period of stay as Indoor patient	|
12.11.	Reasons for long stay (if stayed for more than 48 Hrs)	|
13.12.	Type of medical emergency	|
14.13.	Was there no Railway/Govt. facility available to deal with it	|
15.14.	Distance of the nearest Govt. Hospital and whether facilities available there	|
16.15.	Distance of the nearest Railway hospital and whether facilities available there. If not how far is the Railway hospital with the facilities available.	|
17.	Distance of the private hospital, where facilities availed, from residence/place of illness.	
18.	When the Railway Medical Officer was informed about such admission.	
19.	Did the patient take any treatment before or after the present sickness (if this existed ad if YES when.....)	
20.	Total amount claimed (with break-up charges)	
21.	Item wise break of expenditure had the treatment taken place in Govt. Hospital.	
22.	Verbatim views of C.M.D	
23.	Verbatim views of F.A & C.A.O	